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ABSTRACT

One of seven reports in the Innovations in Protective Services series, this document reports on the development of a model of case management that clarified what is expected from Child Protective Service (CPS) specialists. By conducting a literature review, studying the role of the CPS case manager, and developing a case management model, the Case Management Project attempted to eliminate misunderstanding of CPS caseworkers' role. The review of the social work literature substantiated the fact that confusion exists about CPS caseworker roles. The survey asked physicians, attorneys, foster parents, teachers, and caseworkers to identify which of eight roles CPS workers performed and skills needed by protective service workers. Responses varied markedly among groups of respondents. The model presumes that there are three main roles in CPS work: case manager, caseworker, and case specialist. Each role should be assumed by a different member of a "case team." The three team members are ultimately responsible to a supervisor of case services. These four people make up the case team and handle cases as they are assigned to a CPS unit. Each of the three specialists takes the same role with each case assigned to the team. A paper summarizing the findings of the literature review, a paper summarizing the survey's results, and the proposed case management model are appended. (RH)

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Final Report: Innovations in Protective Services

P.L. 93-247 Grant Award #06C23/09

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Child Protective Services Case Management Project

September 30, 1985

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PS 015465

Office of Programs
Texas Department of Human Services

CHILD PROTECTIVE SERVICES
CASE MANAGEMENT PROJECT

Final Report

September 1, 1984, through August 31, 1985

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September 30, 1985

Submitted by
Texas Department of Human Services
Office of the Deputy Commissioner for Programs
Martin Dukler, Deputy Commissioner

and

Protective Services for Families and Children Branch
James C. Marquart, Ph.D., Assistant Commissioner
P. O. Box 2960
Austin, Texas 78769
(512) 450-3011

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GENERAL INTRODUCTION

Innovations in Protective Services is the collective name of seven projects funded by P.L. 93-247 state grant money and conducted by the Texas Department of Human Services (DHS). The seven demonstrations, designed to test ideas for improving services to children in need of protection, are listed below:

- Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment;
- Project Amistad (Friendship), a Joint Venture between DHS and Family Outreach;
- Family-Centered, Home-Based Intervention for Protective Services Clients;
- Child Protective Services Case Management;
- Child Abuse and Neglect Prevention;
- Advanced Job Skills Training; and
- Automated Performance Tracking and Productivity Improvement.

Overall objectives established for the seven projects are to develop innovative child abuse and neglect programs using volunteers and private agencies; to strengthen the quality of services for child abuse and neglect through competency-based and specialized training programs; and to develop models and program designs for planning and delivering child abuse and neglect services and for allocating resources.

Priorities from DHS's long-range plan for child protective services (CPS) provided the basis for selection of the projects to be demonstrated, and project results will be used in planning improvements in CPS service delivery systems.

The project reported on in this document, CPS Case Management, developed a model of case management that clarified what is expected from the CPS specialist. Although no decisions have been made about whether the model will be pilot tested, it served as a useful tool to examine the various roles CPS specialists are required to assume while implementing their clients' case treatment plans.

Copies of this and other reports on the 93-247 projects can be obtained by writing to Project Support and Utilization Section; Office of Research, Demonstration, and Evaluation; Texas Department of Human Services; P.O. Box 2960 (MC 504-E); Austin, Texas 78769.

ACKNOWLEDGMENTS

The Texas Department of Human Services wishes to acknowledge the contributions of a number of people who participated in the development and implementation of the Child Protective Services Case Management Project and who contributed to project reports.

Barbara Carnley had major responsibility for day-to-day project activities; Dennis Ford served as project manager; Jack King, regional director for child protective services, provided administrative support. Special appreciation is accorded to project advisory committee members--Pamela De Pue, Bill Gardner, Patricia Gonzales, Jeanne Hackett, and Robert Haisler. Diane Scott, program specialist, served as program liaison in the state office.

From the Office of Research, Demonstration, and Evaluation (ORDE)--headed by Assistant Commissioner Suzette Ashworth, Ph.D.--efforts were contributed by several members of ORDE's Research and Demonstration Division (which is administered by Kent Gummerman, Ph.D.). Project developer Barbara K. Richardson prepared the original grant proposal. Project specialist Lucretia Dennis-Small provided support to project staff, prepared reports to the funding source, gave technical assistance, prepared the process evaluation, and arranged for nationwide dissemination of the annual report. Nicholas Constant and Phyllis Jamar of the Technical Communications Unit contributed to the high quality of project documents.

EXECUTIVE SUMMARY

The Child Protective Service (CPS) Case Management Project was initiated in Region 7 of the Texas Department of Human Services (DHS). By conducting a literature review and a study of the role of the case manager in CPS and by developing a case management model, the project set out to eliminate confusion and misunderstanding of CPS caseworkers' roles among clients, professionals in the community, and the general public.

The project director conducted a review of social work literature on case management in CPS and prepared a paper summarizing the findings (Appendix A). The review substantiated the fact that confusion exists about the roles of the CPS caseworker.

A survey was conducted to determine the role of caseworkers in CPS as perceived by physicians, attorneys, foster parents, and teachers--and as perceived by the caseworkers themselves. Each group was asked to identify which of eight roles CPS workers performed: administrator, advocate, assessor, case manager, professional, supervisee, treater, and workload manager. The responses varied markedly among groups of respondents. A paper summarizing the survey's results appears in Appendix B.

Finally, the project director and her advisory committee proposed a case management model for use in CPS programs. The model presumes that there are three main roles in CPS work--case manager, caseworker, and case specialist. Each role should be assumed by a different member of a "case team." The three team members are ultimately responsible to a supervisor of case services. These four people make up the case team and handle cases as they are assigned to a CPS unit. Each of the three specialists assumes the same role with each case assigned to the team. The proposed case management model can be found in Appendix C.

BACKGROUND AND ORIGIN

Case management in child protective services (CPS) is not practiced consistently throughout either the nation or the state of Texas. The lack of a clear definition of case management has created several problems for the Texas Department of Human Services (DHS) and other agencies. First, since it is unclear what proportions of direct services and case management are appropriate in various cases, program managers find it difficult to judge staffing needs. Second, the time spent by caseworkers in various activities is not always consistent with work priorities discussed in DHS's written procedures or in case management literature. The absence of a single standard to suggest appropriate worker responsibilities complicates personnel selection and evaluation. These circumstances have led to confusion and misunderstanding of the role of CPS caseworkers by clients, community professionals, and the general public. This confusion has magnified problems relating to the lack of clear distinctions between the roles of DHS workers and the roles of other community professionals.

With increasing case loads, CPS caseworkers have increased their efforts to link clients with community resources. These efforts change the emphasis of CPS caseworkers to more case management and less direct service.

Nationwide, research on the subject of case management has begun. To date, no consensus on a model defining the role of the CPS case manager has been reached. This project--Child Protective Services Case Management--developed three products that contribute toward improving the situation:

1. A review of the literature on case management (Appendix A);

2. A report summarizing a survey conducted by the project director to determine the perceptions of caseworker's roles among professionals who encounter them--attorneys, educators, and physicians (Appendix B); and

3. A model of case management that more clearly defines the roles of CPS workers who intervene in cases of child abuse and neglect (Appendix C).

PROJECT OPERATIONS

GOAL AND OBJECTIVES

The goal of the Child Protective Services Case Management Project was to develop a model for case management in child protective services. The project established the following objectives:

- Objective 1--to conduct a thorough review of social work literature related to case management in child protective services;
- Objective 2--to prepare a paper (with bibliography) summarizing the findings of the literature review;
- Objective 3--to prepare a research plan for the second year of the project;
- Objective 4--to prepare and pretest questionnaires on other data collection instruments that will be used in the second-year research efforts; and
- Objective 5--to obtain input and review from a project advisory committee on all first-year products.

REVIEW OF CASE MANAGEMENT LITERATURE

The project director reviewed CPS manuals from 19 states to identify references to definitions of worker/case manager roles. In addition, she conducted telephone interviews of state CPS administrators to inquire about such definitions and references. The project director designed a format for recording names of pertinent books, articles, papers, and their authors. The review of literature related to case management was completed.

The literature review substantiated many of the assumptions that provided the initial impetus for this project. The one theme consistently found in the literature was the need for an effective approach to administer services to clients with multiple needs. The term case management was consistently used to identify a process that links clients to appropriate service delivery systems and ensures that their needs are met.

DEVELOPMENT OF MODEL

Although the project will not receive continuation funding for fiscal year 1986, the project director and her advisory committee members prepared and submitted a case management model to the administrator of DHS's Region 7. It is anticipated that the regional administrator will review the model and consider its implementation in his region.

The model was based on an analysis of the literature and Texas CPS policies, on a survey of CPS specialists regarding their expectations for a case manager, and on work done in other states.

This case management model proposes that a case team composed of four members--supervisor, case manager, caseworker, and case specialist--should assume responsibility for case interventions. The model includes definitions of each member's role. The supervisor has overall responsibility for case outcomes.

SECOND-YEAR RESEARCH EFFORTS

Although the planned second year was not funded, the project director and the project's regional advisory committee hope to conduct a pilot test of the case management model in Region 7.

UTILIZATION AND DISSEMINATION

In July, the project director presented a paper describing the project's design and activities to the National Statistics and Research Conference held in Nebraska. Her presentation included overheads that illustrated the worker's multiple roles (Appendix D). She also furnished information about the project to the offices of DHS's associate commissioner for Services to Families and Children and the assistant commissioner for Strategic Planning.

APPENDIX A

REVIEW OF LITERATURE

CASE MANAGEMENT IN PROTECTIVE SERVICES

INTRODUCTION

"Case management has long been a controversial issue among social workers. It has been regarded as a mechanistic tool of management specialists who would dehumanize service delivery, as well as the answer to many of social workers' problems. To some it is an all new approach to social work practice, while to others it is simply a new word for old-fashioned casework." Case Management is most often used to describe the process of coordinating the services of many agencies on behalf of the client, but it may also refer to the process of shepherding a client through the service delivery system of a single agency or the facilitating of movement of the entire clientele through the system in an efficient and effective manner by the administrator. (Wells, Susan J., pg. 1)

It may also be viewed as the team concept of service delivery, involving a team leader and team members, with the resulting process "flattening the bottom of the bureaucratic pyramid" and strengthening group impact in affecting change in clients, goals, and related problems from the bottom. (Skidmore, Rex A., pg. 104)

Management is a process of making decisions. The case manager is in the position of constantly choosing among alternatives. "Deciding along with communicating, is what a manager actually does with his time.

Decision making involves identifying and weighing alternative means for reaching desired ends." (Lewis, J. A. and M. D., pg. 16-18)

In providing leadership, the manager continues to choose among alternate interventions, methods, and targets of change. Each decision affects both the immediate situation and the life of the agency as a whole. Evaluation then completes the management cycle by measuring the effects of past decisions and laying the groundwork for new choices. (Lewis, pg. 18)

There are many concepts of case management. Most deal with special aspects of case coordination, client tracking, monitoring, and a variety of other mechanistic approaches to service provision and integration. Sometimes case management may even refer to centralized, computer supported management information systems.

Case management does <u>not</u> insinuate new case level requirements and practices. The idea is to pull together existing case management practices into a logical, interdependent process.

Case management is recommended with increasing frequency as an approach to caring for the multiple needs of persons, particularly in the context of deinstitutionalization. The principle underlying this approach is that one worker -the case manager- will link the client to the complex service delivery system and be responsible for insuring that the client received appropriate services in a timely fashion.

The literature review is indicating a tendancy to state that the idea of case management evolved because there was a need to achieve more with less resources and that agencies did not have as a viable option the choice of completely redoing existing systems. Case management became the term to identify a process where change was generated from within and with what was available.

While case management may mean different things to different people, it is commonly recognized as a way for addressing the many complications of 'the system' in a manner that does not require radical change. From the point of view of line agency staff, case management is, in the first place, a statement of work responsibility.

a. Specifies decision points.

b. Interfaces on a case-by-case basis.

c. Pulls together plans and actions to meet case objectives.

d. Keep program lines clear.

e. Relationships kept functional. (Boserup 1978)

Wiltse approaches the idea of case management from the perspective that child welfare workers cannot and should not be expected to perform as case managers until they have at least minimal command of a working model for effectively manipulating systems and thereby gaining a sense of competence from their work. Putting workers into the case management role is going to give the untrained person a sense of loss of control of the decision making process. In the past the educational and field experience has been aimed at teaching social workers how to manage, gain rewards, and

derive a sense of being professional from one-to-one relationships. Asking them to give this method up in favor of larger group systems manipulation is asking them to give up much of that which has yielded them the most rewards in return for uncertainty and frustration.

"Case Management in child welfare means that the case worker is oriented to relating to systems of interpersonal exchange--and is able to engage these systems in changing themselves through an orchestration of family and group counseling and supportive group services--." He sees case management as goal directed and closely geared to agency function. It is contrasted to the absence of goals of child welfare practice that has not espoused the permanency planning thrust, or with the individual therapy model of the clinician. (Wiltse, pg. 17)

HISTORICAL PERSPECTIVE

Animal protection predates child protection in the United States by some fifty years with the first organized child protection not occurring until 1875. (DeFrancis, pg. 3) The profession of social work and the formal organization of a network of child welfare services was preceded by a variety of preprofessional "Social Work" efforts to deal with child welfare problems. (Kadushin, pg. 49) As the values of people in our society changed with the move from a predominately agrarian society to an industrialized society, so also changed the attitudes toward numbers of children in each household, need for children, and value of children.

Where children had been a very important and productive part of the farm family group, in the cities they became victims when put to work to subsidize the total family income.

Then "with the increasing public consciousness that prevention is a better cure than punishment, we began to see leaders in the field of child protection turning the emphasis away from prosecution and toward the application of remedial measures." (DeFrancis, pg. 5) Services to children were provided by agencies both public and private with their functions including foster home placement, adoptions, aid to unmarried mothers and homemaking, as well as child protection. Others have chosen only to serve in the role of child protection.

The transition of approach from law enforcement to case work has been a slow one. Not only is this because of social work being a new science, slowly developing its own body of knowledge, but because the change caused a realignment and a refocusing of thinking in terms of seeing child protective services work not just as an attempt to rescue the child from abuse and neglect but that it could be used to help the entire family unit become more functional and healthy. When Federal Aid to States came into being, public agencies became involved in providing protective services to children. In 1962, amendments of the Social Security Act provided that protective services should be extended to every political subdivision of every state. By 1974 Texas had begun the dramatic increase in protective service staff across the state. However, the numbers of qualified, trained persons in the field of social work did not match the needs of the

moment. People with bachelors degrees in other fields were employed to fill the numerous positions that had been created. Role definitions were vague, job descriptions varied from unit to unit and there was little consistency across the state related to role/task definitions and expectations. Training was not geared to handle the influx of new unlearned people employed to do social work as related to child welfare protective services.

We are still attempting to define the role of the child welfare protective service specialist. Is he a case manager or is he a case worker with a therapeutic approach? Should D.H.R. have both types of professionals on their staff, with the case manager referring to the case worker more complex cases for treatment? Or, should one person be expected to perform both roles?

WHO IS THE CHILD WELFARE WORKER TODAY

The Child Welfare Worker today is one of 25% of the nation's 350,000 people holding the title of Social Worker. Two-thirds of these are female and one-third male, with as many as 80% being female in many instances. Most Child Welfare workers are white, coming from an upwardly mobile background, generally upper-lower class or lower-middle class. The bulk of Child Welfare workers are employed in public agencies. They have limited educational background and experience directly related to Social Work. "The typical case worker offering social services to children in public

agencies 'emerges as a person with a bachelor's degree in a field other than Social Work and a little more than three years experience in Social Services to children and families'." (Kadushin, pg. 5)

Vinokur in her nationwide study was even more specific in identifying the demographic characteristics of not only the case worker but the supervisor in child welfare as well.

Child Welfare Supervisors are:

- Female (66%), white (78%) and ages 30-49 (70%).
- Nearly two-thirds (63%) have advanced degrees, 51% have MSW's.
- Most had concentrations in direct, clinical practice and case work (67%).
- Most supervisors have at least 10 years experience in child welfare (46%) and have held their current positions for five years (39%).

Child Welfare Workers are:

- Most are female (72%), white (80%) and ages 20-39 (77%).
- Two-thirds (64%) have an undergraduate degree with only 17% of these being BSW.
- Slightly over one-half (54%) have been in Child Welfare less than 5 years.
- The activities in which they spend the most time are doing paper work, working with children, responding to emergencies, managing their cases and training.
- Workers would like to spend less time on procedural activities and more time working with families and children and increasing their skills through staff development and training.

Job responsibilities were identified in the 1981 survey by Vinokur. Forty-one percent carried integrated child welfare case loads providing various services, or specialized child welfare case loads such as foster care. The most frequently found areas of specialization were foster care, protective services, shelter care and adoption. The three areas in which 18-39% of the social worker's time was spent were protective services, foster family care and social services to children in their own home.

Services areas in the three specialization categories were:

- Social treatment
- Social services
- Administration
- Work with courts
- Training
- Services to youth

Activities listed by workers nationwide as consuming the greatest amount of work time were:

- Doing paper-work on child welfare cases
- Resolving emergency situations
- General case management
- Job related traveling
- Working with children in their homes or in placement

When asked what they would like to spend more time doing than they now are able to, they listed:

- Working with children in their homes or in placement
- Providing reunification services
- Developing resources for clients
- Participating in staff development training activities

They expressed a desire to decrease the amount of time spent in:

- Documentation
- Court appearances
- Traveling
- Case management
- Resolving emergency situations

They rated low the need for management skills and knowledge and/or use of information systems. Thus we are faced with a group of people (professional Child Welfare Workers) nationwide who as recent as 1981 are clinging to the single client treatment attitude in a time when public attitudes, government funding limitations, and cries for accountability are pushing the agency toward a service management based philosophy in delivery of services to clients.

Casework Practice, A Coursebook for Social Workers identifies and defines seven roles for case workers in Child Welfare.

1. As a treator, you work directly with families, helping them stop maltreatment of children and learn new ways of relating to and being responsible for the involved children.
2. As an assessor, you study and analyze information about clients,

their problems available resources, treatment strategies.

3. As a professional, you embody the principles, standards, theories and techniques of social work as a method of working with people and a personal life philosophy.
4. As an administrator, you maintain accurate records on your work.
5. As a supervisee, you maintain close contact with the supervisor for assistance in decision making and dealing with personal problems and conflicts that protective service work can cause.
6. As a case manager, you orchestrate all planning, referral and follow-up activities related to your cases.
7. As an advocate, you represent each family in all agency matters and to the community.

As a case manager the worker is expected to oversee the casework process as well as plan, implement and evaluate the treatment strategy based on an assessment of the client's problems and needs. Case management consists of all the activities that keep you involved with your client and that keep your client involved with you. (Potts, pg. 21-28)

Despite its growing popularity, case management is still in the early stages of development as a practice model. A major problem is its lack of operational clarity. Its functions have been interpreted in disparate ways, making case management a paradoxical assortment of activities requiring substantial commitment from all organizational levels for successful implementation. The main source of uncertainty and controversy about the case management role revolves around whether it is to be restricted to

coordinating and expediting care delivered by others or will also include therapeutic functions to be performed by the case manager. At the one end of the continuum are agencies that employ case managers solely to monitor written records tracing the clients' movement through the service delivery system, but without seeing the client. At the opposite end are agencies that posit the view that the case manager should not be simply a broker of services but---should also be a patients primary therapist, and the person who works with the family.

Despite the strong conceptual similarities between social work and case management the strongest deterrent to the prominence of social work in this area may be paradoxically, the preferences of social workers themselves. This has also been reflected in the findings of Vinokur in 1981. (Johnson, pg. 49-52)

MODEL

The conception of case management as an organizational principle and as a procedural guide is rooted in the day-to-day work of line agency staff. (Boserup, pg. 9)

Case management comprises a series of steps or activities which describe the interrelationships among service workers, agency administrators, service vendors and clients. It is one of the essential functions of a service delivery system. It gives focus to a definable order of

events and staff responsibilities.

The central idea of case management is to establish a definite frame of reference for service workers, supervisors, trainers, administrators and clients. The idea is to standardize terminologies and procedures for relating to clients, service workers, and other case participants. (Boserup, pg. 9)

Case Management Model Conceptual Framework

by Daniel Boserup

1. Connecting case problems with proper service and treatment resources.
2. Adopting goal-setting time limited approach to case evaluation, planning and actions.
3. Recognizing limits of service availability and expertise.
4. Locating and using other alternative professional services.
5. Assuring community involvement and service access.
6. Identifying, communicating and integrating decision making with other case participants.
7. Assuring case responsibility and related assignments.
8. Organizing work and responsibility for intake, treatment and case handling.

For the individual worker, case management is the means for knowing where one is in relation to "the system" and to cases in the system and

for coping with barriers to case evaluation and planning.

Due Process should be uniform and replicable throughout the state.

Boserup gives the following five steps as the essential components of the case management model developed in Georgia.

1. Evaluation
2. Case Planning
3. Service Arrangement and Provision
4. Overseeing
5. Recording

Problems with Case Management Model

"The problem is that the delivery systems in which service staff are expected to work provide few if any guidelines or methods that can help workers and supervisors control case events and their sequence. One result is that there is no common reference for supporting and accounting for case decisions and actions. And there is little recognition given to the case processing problems and dilemmas confronting workers. The lack of a firmly established pattern of managing cases in social services seems to be widespread." (Boserup, pg. 21)

"A question seldom asked about funding case management is whether case managers genuinely improve the system or whether they add an element of complexity to it by freezing in place a structure that should instead be changed. Experiences in three projects directed by Curtis suggest that

limited public resources could be better spent on direct service delivery than on case management. The creation of case managers tended to release everyone from the responsibility of better self-management by placing it instead on the shoulders of a few workers who did nothing but 'coordinate'." (Curtis, pg. 45)

ROLES: Worker:

1. provide clinical service
2. provide social services
3. problem solving in a social network
4. prevention
5. serve on interdisciplinary team

Manager:

1. client pathway - a structure to organize delivery of service activities
2. family policy
3. creating opportunities for differentiation
4. community development
5. management information system (Curtis, pg. 45-51)

Presently D.H.R. in Texas requires Child Protective Service Specialists to perform the following tasks:

- Uses supervision to obtain and facilitate service to clients.
- Maintains sufficient case documentation including forms and narrative to provide a complete and accurate written record.

- o Builds and maintains communication and working relationships with clients, community and co-workers.
- o Develops and maintains suitable work plans.
- o Assess current life situations of child(ren) and family to determine the presence of child abuse and/or neglect.
- o Develops and/or implements case plans to meet the specific needs of the individual family members.
- o Uses interviewing techniques to obtain information needed for serving client needs.

If they have specialized case loads or have additional job functions they may be responsible for some of the following tasks in addition to the required tasks.

- o Completes special tasks, projects, or assignments upon request of supervisor.
- o Provides child protective services after normal working hours to maintain 24-hour coverage.
- o Conducts group sessions to provide training, feedback, discussion, and/or other related services for specialized groups.
- o Functions as supervisor in supervisor's absence.
- o Places and provides services to children in substitute care.
- o Conducts home evaluations as requested by courts or out-of-town inquiries.
- o Recruits foster and/or adoptive homes to provide substitute care arrangements for child(ren).

- Studies, verifies and revalidates foster homes to provide substitute care arrangements for child(ren).
- Develops foster homes to continue to provide substitute care arrangements for child(ren).
- Studies and approves adoptive homes to provide permanent placements.
- Participates in adoptive placement and provides supervision of continuing care until legal consummation.

"The future of the social welfare institution, then, lies not only in programs that work but also in those that can be conducted within the general constraints of fiscal resources." The development of human services in the next few years will come not though major increases of funds but through effective and efficient use of the present resources. (Mirengoff, pg. 3)

It is presently impossible to know with a high degree of accuracy the degree to which service goals are being met and human problems alleviated by human service organizations. Measurement and portrayal of demonstrable results are endemic to organizations that serve people. However, everyone agrees that we are not as efficient and effective as we need to be and that we must do better. (Mirengoff, pg. 8)

Mirengoff sees the existence presently of two types of management in human services organizations (maintenance management and service management) with people looking at maintenance management as the resolution to

agency problems. His theory as to the reason for this is that the United States lacks the unifying concept of "Social Administration" that is found in England and supported by a firm intellectual tradition. Here in the United States the concepts of management and administration have developed separately from social welfare and human service provision. Therefore the management of social organizations that has occurred in the United States has been interested primarily with the organization's management and political functioning. This in turn has caused social workers to look at management of social services organizations as being counterproductive to service delivery.

Vinokur's findings suggest the need to improve the quality and relevance of training in the areas of supervision, management and administration for practitioners who are often required to attend training. Practitioners need to be made aware of how the information they provide and the records they keep are used by the agency. Simulated decision-making regarding service and program development with and without accurate data to see the difference information makes for practice and accountability should be incorporated in the inservice packages to apprise staff of their total role in child welfare. This has not been done with any consistancy and child welfare workers/supervisors have been found lacking in advanced management techniques and technologies to manage and expedite case loads.

We in D.H.R. are challenged to first answer the question of whether to use the case worker, the case manager or both in the practice setting.

Once that decision is made the development of the model for hiring and training based on a clearly defined role model or models will be the goal of this project and of the state.

APPENDIX B

Survey on Perceptions
of the Case Manager's Role

A STUDY OF THE ROLE OF CASE MANAGER IN CHILD WELFARE PROTECTIVE SERVICE IN REGION SEVEN TEXAS DEPARTMENT OF HUMAN RESOURCES

Barbara Carnley, M.S.S.W.

Because of the increases in numbers of abuse/neglect cases coming at a time when budget constraints are necessitating limits on increases in staff, the Texas Department of Human Resources must develop means of meeting the needs of clients and protecting children within present staff levels. Very little research has addressed the role of case manager in protective services, although there is much discussion about skills, tasks, and general roles of caseworkers.

One of the goals of this study was to identify more clearly what the community and protective staff viewed as the tasks and roles of caseworkers and from this gain direction for development of a continuum of case management roles that could be integrated into the present unit structures. The ultimate goal based on this and subsequent research would be to devise a method of service delivery that would meet the needs of protective service clients, protect children, and not necessitate increases in funding.

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INTRODUCTION AND PROBLEM STATEMENT

In Texas, the Department of Human Resources (DHR) is the state agency charged with the responsibility for investigating reports of child abuse and neglect and for intervening to prevent further abuse or neglect. Over the past several years, the numbers of identified cases of abuse and neglect have increased substantially, but budget restraints have prevented DHR from increasing its staff. In order to maintain service levels to clients, the amount of services provided directly by caseworkers has been reduced while efforts to link clients with other resources has increased. Including a case manager role in protective services is required by the shift from direct service provision to management/administration orientation.

We must look at the need to handle increasing number of referrals with, at best, no increase in funding. The quidelines for meeting the needs of protective clients outlined in policy and in law are not seen as being negotiable. We then must look at that part of the system which can be redefined, changed or modified. Clear identification of roles and responsibilities of caseworkers and supervisors, including identification of tasks and roles that could be performed by other, lower skills level staff is clearly needed in order for DHR to achieve maximum staff effectiveness in meeting the needs of clients by not only protecting children but through preventive strategies that keep families intact.

The rationale for the creation of a case management role in protective services is based on the awareness of the lack of effective organizational ability and efficiency within the service delivery system. Along with this awareness comes the knowledge that historically people entering protective services come to the job not as managers but as ones desirous of helping people with problems. Because of this orientation, it becomes necessary to first identify case management before the concept can be employed organizationally.

> Case management has long been a controversial issue among social workers. It has been regarded as a mechanistic tool of management specialists who would dehumanize service delivery, as well as the answer to many of social workers' problems. To some it is an all new approach to social work practice, while to others it is simply a new word for old-fashioned casework. (Wells, 1981, p.1)

Case management is most often used to describe the process of coordinating the services of many agencies on behalf of the client but it may also refer to the process of shepherding a client through the service delivery system of a single agency or the facilitating of movement of the entire clientele through the system in an efficient and effective manner by the administrator (Wells, 1981, p.1). It may also be viewed as the team concept of service delivery, involving a team leader and team members, with the resulting process "flattening the bottom of the bureaucratic pyramid" (Skidmore, 1983, p. 104) and strengthening group impact in affecting change in clients, goals, and related problems from the bottom.

Management is a process of making decisions. The case manager is in the position of constantly choosing among alternatives"...Deciding, along with communicating, is what a manager actually does with his time. Decision making involves identifying and weighing alternative means for reaching desired ends" (Lewis & Lewis, 1983, pp. 16-18). In providing leadership, the manager continues to choose among alternative interventions, methods, and targets of change. Each decision affects both the immediate situation and the life of the agency as a whole. Evaluation then completes the management cycle by measuring the effects of past decisions and laying the groundwork for new choices (Lewis & Lewis, 1983, p.18).

Many concepts of case management deal with special aspects of case coordination, client tracking, monitoring, and a variety of other mechanistic approaches to service provision and integration. Sometimes, case management may even refer to centralized, computer-supported management information systems. Case management does not imply new case level requirements and practices. The idea is to pull together existing case management practices into a logical, interdependent process. It is recommended with increasing frequency as an approach to caring for the multiple needs of persons, particularly in the context of deinstitutionalization. The principle underlying this approach is that one worker, the case manager, will link the client to the complex service delivery system and be responsible for insuring that the client receives appropriate services in a timely fashion.

The literature indicates a tendency to perceive the role of case management evolving because of the need to provide more services with less resources. Also, agencies did not have the choice of completely redoing existing systems as a viable option. Case management became the term to identify a process where change was generated from within and with what was available.

While case management may mean different things to different people, it is commonly recognized as a way of addressing the many complications of "the system" in a manner that does not require radical change. From the point of view of line agency staff, case management is, in the first place, a statement of work responsibility which:

1. specifies decision points;
2. interfaces on a case-by-case basis;
3. pulls together plans and actions to meet case objectives;
4. keeps program lines clear; and
5. keeps relationships functional. (Boserup, 1978)

The worker providing case management should maintain regular and continuous contact with the client and with other service providers, both within the agency and within other community agencies, in order to ensure that services are relevant to client needs, are delivered in a useful way, and are appropriately utilized by the client.

Wiltse (1982) approaches the idea of case management from the perspective that child welfare workers cannot and should not be expected to perform as case managers until they have at least minimal command of a working model for effectively manipulating systems and thereby gaining a sense of competency. Putting untrained workers into the case management role is going to give them a sense of loss of control of the decision-making process. In the past, educational and field experience has been aimed at teaching social workers how to manage, gain rewards, and derive a sense of being professional from

one-to-one relationships. Asking them to give this method up in favor of larger group systems manipulation is asking them to give up much of that which has yielded them the most rewards in return for uncertainty and frustration.

> Case management in child welfare means that the case worker is oriented to relating to systems of interpersonal exchange--and is able to engage these systems in changing themselves through an orchestration of family and group counselling and supportive group services." (Wiltse, 1982, p. 17)

Case management is seen as goal directed and closely geared to agency function. It is contrasted to the absence of goals of child welfare practice that has not espoused the permanency planning thrust, or with the individual therapy model of the clinician (Wiltse, 1982, p. 17).

Other terms used in the study are defined as follows:

1. Protective service worker - individual employed by Texas Department of Human Resources, having a bachelor's degree, to work with families who have been reported to be abusive and/or neglectful of their children, and to protect children in dangerous situations.

2. Caseworker-protective services worker - see above.

3. Foster parents - individuals who provide twenty-four hour care for neglected and abused children who have been removed temporarily from their biological parents.

4. Case manager - caseworker who orchestrates all planning, referral, and follow-up activities related to protective services cases.

REVIEW OF THE LITERATURE

In order to give the reader some background for the present research, the first section of the literature review presents a brief overview of the history of protective services in the United States. Then, since the primary focus of the research is directed at the roles and tasks of today's protective service workers, it is necessary to discuss "who is the protective service worker today." It was only at this point that the actual case management models developed from previous research could be presented and discussed in relation to possible model implementation. Problems of implementation are also discussed. In conclusion, the questions that must be answered by the present research before model development and implementations could occur in Texas and in Region 07 are addressed.

Historical Perspective

Animal protection predates child protection in the United States by some fifty years with the first organized child protection not occurring until 1875 (DeFrancis, 1956, p. 3). The profession of social work and the formal organization of a network of child welfare services was preceded by a variety of preprofessional "Social Work" efforts to deal with child welfare problems (Kadushin, 1980, p. 49). As the values of people in our society changed with the move from a predominately agrarian society to an industrialized society, the attitudes toward number of children in each household, need for children,

and value of children also changed. Where children had been a very important and productive part of the farm family group, in the cities they became victims when put to work to subsidize the total family income.

"With the increasing public consciousness that prevention is a better cure than punishment, we began to see leaders in the field of child protection turning the emphasis away from prosecution and toward the application of remedial measures" (DeFrancis, 1956, p. 5). Services to children were provided by agencies, both public and private, with their functions including foster-home placement, adoptions, aid to unmarried mothers and homemaking, as well as child protection. Others chose only to serve in the role of child protection.

The transition of approach from law enforcement to case work was a slow one. Not only is this because of social work being a new science, slowly developing its own body of knowledge, but because the change caused a realignment and a refocusing of thinking in terms of seeing child protective services work not just as an attempt to rescue the child from abuse and neglect but that it could be used to help the entire family unit become more functional and healthy. When Federal aid to states came into being, public agencies became involved in providing protective services to children. In 1962, amendments of the Social Security Act provided that protective services should be extended to every political subdivision of every state. However, the numbers of qualified, trained persons in the field of social work did not match the needs of the moment. People with bachelors degrees in fields other than social work were employed to fill the numerous positions that had been created. Role definitions were vague, job descriptions varied from unit to unit, and there was little consistency across the state related to role/task definitions and expectations. Training was not geared to handle the influx of new unskilled people employed to do social work as related to child welfare protective services.

Attempts to define the role of caseworker are continuing ten years later. The generic term "protective service worker" refers to that individual who provides any of the functions of assessment, intake, investigation and case management/treatment. The need now is to more clearly identify what must be done and who, on what level, has the skills to perform certain tasks. As the expectations are documentation, accountability and quality delivery of services increases along with a premium placed on efficiency and management.

Who Is The Protective Service Worker Today

The protective service worker in Texas is one of 25% of the nation's 350,000 people holding the title of social worker. Two-thirds of these are female and one-third male, with as many as 80% being female in many agencies. Most protective service workers are white, coming from an upwardly mobile background, generally upper-lower class or lower-middle class. The bulk of protective service workers are employed in public agencies. They have limited educational background and experience directly related to social work. "The typical caseworker offering social services to children in public agencies emerges as a person with a bachelor's degree in a field other than social work and a little more than three years experience in social services to children and families'" (Kadushin, 1980, p. 5).

Vinokur in her nationwide study was even more specified in identifying the demographic characteristics of not only the caseworker but the supervisor in protective service.

1. Female (66%), white (78%) and ages 30-49 (70%).
2. Nearly two-thirds (63%) have advanced degrees, 51% have MSW's.
3. Most had concentrations in direct, clinical practice and casework (67%).
4. Most supervisors have at least ten years experience in child welfare (46%) and have held their current positions for five years (39%).

Vinokur's profile of protective service workers follows.

1. Most are female (72%), white (80%) and ages 20-39 (77%).
2. Two-thirds (64%) have an undergraduate degree with only 17% of these being BSW.
3. Slightly over one-half (54%) have been in child welfare less than five years.
4. The activities in which they spend the most time are doing paperwork, working with children, responding to emergencies, managing their cases and training.
5. Workers would like to spend less time on procedural activities and more time working with families and children and increasing their skills through staff development and training (Vinokur, Gray & Saalberg, 1981, p. 12).

Existing job responsibilities performed by protective service staff were identified in the 1981 survey by Vinokur. Forty-one percent carried integrated child welfare case loads providing various services, or specialized child welfare case loads such as foster care. The most frequently found areas of specialization were foster care, protective services, shelter care, and adoption. The three areas in which 18-39% of the social worker's time was spent were protective services, foster family care and social services to children in their own home.

Service areas in the three specialization categories were:

1. social treatment
2. social services
3. administration
4. work with courts
5. training
6. services to youth.

Activities listed by workers nationwide as consuming the greatest amount of work time were:

1. doing paperwork on child welfare cases
2. resolving emergency situations
3. general case management
4. job related traveling
5. working with children in their homes or in placement.

When asked what they would like to spend more time doing than they now are able to, they listed:

1. working with children in their homes or in placement
2. providing reunification services
3. developing resources for clients
4. participating in staff development training activities.

They expressed a desire to decrease the amount of time spent in:

1. documentation
2. court appearances
3. traveling
4. case management
5. resolving emergency situations.

They rated the need for management skills and knowledge and/or use of information systems low. This substantiates other findings which indicate protective service staff as recent as 1981 were clinging to the single client treatment attitude in a time when public attitudes, government funding limitations, and cries for accountability are pushing the agency toward a service management based philosophy in delivery of services to clients (Vinokur et al., 1981, pp. 63-66).

Casework Practice , A Coursebook for Social Workers identifies and defines seven roles for caseworkers in child welfare. They are:

1. Treator - working directly with families, helping them stop maltreatment of children and learn new ways of relating to and being responsible for the involved children.
2. Assessor - studying and analyzing information about clients, their problems, available resources, treatment strategies.
3. Professional - embodying the principles, standards, theories and techniques of social work as a method of working with people and a personal life philosophy.
4. Administrator - maintaining accurate records on your work.
5. Supervisee- maintaining close contact with the supervisor for assistance in decision making and dealing with personal problems and conflicts that protective service work can cause.
6. Case manager - orchestrating all planning, referral and follow-up activities related to your cases.
7. Advocate - representing each family in all agency matters and to the community.

The case manager would be expected to oversee the casework process as well as plan, implement and evaluate the treatment strategy based on an assessment of the client's problems and needs. Case management in this model would consist of all the activities that keep one involved with the client and that keep the client involved with the worker (Potts, 1980, pp. 21-18).

Despite the growing popularity of the case management concept, it is still in the early stages of development as a practice model. A major problem is the lack of operational clarity about case management. Its functions have been interpreted in disparate ways, making case management a confusing assortment of activities requiring substantial commitment from all organizational levels for successful implementation. The main source of uncertainty and controversy about the case management role revolves around whether it is to be restricted to coordinating and expediting care delivered by others or will also include therapeutic functions to be performed by the case manager. At one end of the continuum are agencies that employ case managers solely to monitor written records tracing the client's movement through the service delivery system, but without seeing the client. At the opposite end are agencies that posit the view that the case manager should not be simply a broker of services but should also be a patient's primary therapist, and the person that works with the family.

There are strong conceptual similarities between the social work role and the case management role. However, the strongest deterrent to the prominence of social work in case management ironically may be the preferences of social workers themselves. This has also been reflected in the findings of Vinokur (Johnson & Rubin, 1983, pp. 49-52). Before case management can be successfully introduced into the existing system and accepted, it must be clarified for the protective service workers, what will be expected of them both as a worker and as a case manager. That this model will reduce, not increase, the already burgeoning responsibilities of protective staff will also be a critical part of the definition.

Model

The conception of case management as an organizational principle and as a procedural guide is rooted in the day-to-day work of line agency staff (Boserup, 1978, p. 9). Case management comprises a series of steps or activities including the interrelationships among service workers, agency administrators, service vendors and clients. It is essential functions of a service delivery system. It gives focus to a definable order of events and staff responsibilities. The central idea of case management is to establish a definite frame of reference for service workers, supervisors, trainers, administrators and clients. The aim is to standardize terminologies and procedures for relating to clients, service workers, and other case participants (Boserup, 1978, p. 9).

The following steps provide a conceptual framework;

1. Connecting case problems with proper service and treatment resources.
2. Adopting goal-setting time limited approach to case evaluation, planning and actions.
3. Recognizing limits of service availability and expertise.
4. Locating and using other alternative professional services.
5. Assuring community involvement and service access.
6. Identifying, communicating and integrating decision making with other case participants.
7. Assuring case responsibility and related assignments.
8. Organizing work and responsibility for intake, treatment and case handling. (Boserup, 1978, pp. 21-27)

For the individual worker, case management is the means for knowing where one is in relation to "the system" and to cases in the system and for coping with barriers to case evaluation and planning.

Boserup (1978) gives the following five steps as the essential components of the case management model developed in Georgia: (a) evaluation, (b) case planning, (c) service arrangement and provision, (d) overseeing, and (e) recording.

Problems with Case Management Model

Some authors have seen problems with the case management model.

> The problem is that the delivery systems in which service staff are expected to work provide few if any guidelines or methods that can help workers and supervisors control case events and their sequence. One result is that there is no common reference for supporting and accounting for case decisions and actions. And there is little recognition given to the case processing problems and dilemmas confronting workers. The lack of a firmly established pattern of managing cases in social services seems to be wide spread. (Boserup, 1978, p. 21)

However, where strict specialization has occurred and a case manager has been assigned the responsibility of managing and orchestrating large numbers of cases while others become task oriented and not responsible for the "case", problems have occurred. Curtis questions the effectiveness of the case manager from the cost-effectiveness perspective.

> A question seldom asked about funding case management is whether case managers genuinely improve the system or whether they add an element of complexity to it by freezing in place a structure that should instead be changed. Experiences in three projects directed by Curtis suggest that limited public resources could be better spent on direct service delivery than on case management. The creation of case managers tended to release everyone from the responsibility of better self-management by placing it instead on the shoulders of a few workers who did nothing but 'coordinate'" (Curtis, 1981, p. 45).

The models reviewed do present a definition in two parts, that of the worker and of the manager.

Workers:

1. provide clinical service
2. provide social services
3. problem solving in a social network
4. prevention
5. serve on interdisciplinary team.

Managers develop:

1. client pathway - a structure to organize delivery of service activities
2. family policy
3. opportunities for differentiation
4. community resources
5. management information system. (Curtis, 1981, pp. 45-51)

Presently, DHR in Texas requires child protective service specialists to perform the following tasks:

1. To use supervision to obtain and facilitate service to clients.
2. To maintain sufficient case documentation including forms and narrative to provide a complete and accurate written record.
3. To build and maintain communication and working relationships with clients, community and co-workers.
4. To develop and maintain suitable work plans.
5. To assess current life situations of child(ren) and family to determine the presence of child abuse and/or neglect.

6. To develop and/or implement case plans to meet the specific needs of the individual family members.
7. To use interviewing techniques to obtain information needed for serving client needs (Department of Human Resources Personnel Handbook, Appendix III).

If they have specialized case loads or have additional job functions they may be responsible for some of the following tasks in addition to the required tasks.

1. Completing special tasks, projects, or assignments upon request of supervisor.
2. Providing child protective services after normal working hours to maintain 24-hour coverage.
3. Conducting group sessions to provide training, feedback, discussion, and/or other related services for specialized groups.
4. Functioning as supervisor in supervisor's absence.
5. Placing and providing services to children in substitute care.
6. Conducting evaluations as requested by courts or out-of-town inquiries.
7. Recruiting foster and/or adoptive homes to provide substitute care arrangements for child(ren).
8. Studying, verifying and revalidating foster homes to provide substitute care arrangements for child(ren).
9. Developing foster homes to continue to provide substitute care arrangements for child(ren).
10. Studying and approving adoptive homes to provide permanent placements.
11. Participating in adoptive placement and providing supervision of continuing care until legal consumation (Department of Human Resources Personnel Handbook, Appendix III).

The future success of protective service in meeting the needs of protective service clients lies in looking at the existing program, identifying what is practical, effective, efficient, and retaining these concepts as part of the redefined service delivery system that will incorporate the case management concept. "The development of human services in the next few years will NOT through major increases in funds BUT through effective and efficient use of the present resources" (Mirengoff, 1980, p. 3).

The researcher will look at the data on roles, tasks, and skills of protective service workers gathered in the survey of the six identified populations: social workers, lawyers, doctors, school personnel, foster parents, and clients. These groups either engage in or are in direct contact with protective service workers in Region 07. As was stated earlier, there is a need to look at what is in operation new before moving into a new era. The following questions would have to be answered before advancing to the development of a new case management concept.

1. What roles and tasks do the six populations see protective workers engaging in today?
2. How effective do they see workers performing the identified tasks and roles?
3. How do workers and others rank the roles and tasks of case management-administration in importance?
4. What kind of education preparation do workers need to perform the identified tasks and roles?
5. What personality characteristics do the populations expect of effective protective workers?

It is only after there is an original determination of existing structure that movement and decision making can occur and case management be either incorporated into the existing framework of protective services delivery system or a more effective framework, devised, case management. The goal of the Department of Human Resources, to effectively meet the needs of clients and protect children, must be met even though there are limited funds and bleak prospects for increases in staff. More efficient management of the existing system appears to be the route the program must take to meet its goals.

METHODOLOGY

Description

There is confusion in the community as well as among social workers about the role protective service workers perform as members of the social work profession. Because they have traditionally served in a helping capacity, others tend to describe and identify the worker role in terms of their own personal needs or experiences. This has resulted in workers trying has to meet all identified needs that are not directly dealt with by other professional groups. Then overload, stress, and decrease in effectiveness is the result.

Research Design

To address the need for clearer role definition, a review of literature was conducted which confirmed its absence. This necessitated nominal level survey research being done before more in-depth evaluations could be initiated. Identifying the skills of caseworker and, among those, case management skills, is the purpose of the study. It is only from this kind of data that the role or worker and/or case manager can be extracted for refining and testing.

Although the literature did not reveal any role definitions for protective staff that were clearly enough defined to adapt to the needs of the protective service program in Texas, the possibility remained that some other state might have identified the role of caseworker and from it a role of case manager in protective service, as yet unpublished. A telephone survey of states was conducted. The states were selected on the basis of the researcher's personal observation of information in the different state's program handbooks.

The next step was to determine what presently is perceived as the combination of skills, roles, and personality traits which make up the total caseworker role.

Subjects

A survey of the five populations that work directly with protective service workers, as well as the population of protective service workers themselves was conducted. These included all the protective service workers in Region 07, and doctors, lawyers, school personnel. These were selected through convenience sampling because of time limitations and lack of resources. Each child protective service unit was asked to provide the researcher with the names of those individuals in the three categories. The names were compiled and each as mailed a survey questionnaire.

The two remaining subject populations were clients and foster parents. These groups were randomly selected from SSMS reports. The dual sample included 147 clients and 74 foster parents. With the client sample, some of these people responded by first calling the researcher because they did not understand, were distrustful, or could not read.

The survey questionnaire was composed of questions about worker skills/tasks, roles, and personality characteristics.

The skills/tasks identified as the variables were ones identified in the literature and from personal knowledge of the researcher. The skills/tasks section was both limited in scope and general in description because of time limits and cost restraints. To fully address the tasks identified in the literature, one would have to devise an instrument that could handle 397 tasks identified as the priority tasks in the DHR task bank as well as the accompanying skills needed to complete them. The roles, including case manager, used in the survey were those taken from an already tested and implemented manual of caseworker instruction used in various DHR regions in Texas.

The questionnaire was pretested on a non-random sample of caseworkers, foster parents, and administrative program staff. After modifications were made, it was mailed to the six samples. Comments from those who completed the pretest indicated some concern about both the generality of description and the Likert type scale.

The instrument was constructed with ease of coding in mind. Although there were some questions that were open-ended, that were coded 0 to 1 (yes-no), most were to be answered with the Likert type scale.

Responses

The return rates for the samples of legal, medical and school populations was 100%. This was quite different from social workers, clients and foster parents. Of the sixty-six questionnaires sent to social workers, thirty-six were returned. Only forty-nine returns were received from clients. The random sample size was 174. This was a disappointing rate of return. The responses received were incomplete more often than not. Clients answered the first portion of the questionnaires adequately but toward the end, they would begin skipping questions. There were very few who answered the questions about worker roles. Thirty-one responses were received from foster parents. The sample size was seventy-four, making a return rate of forty-two percent.

The difference in rates of return from the community professional and those of clients, foster parents and caseworkers gives rise to speculation. The most readily explained would be clients because of personal feedback from some of them. The questionnaires were difficult for some clients to understand. They did well in answering the Likert scaled questions at the beginning but had problems with the ones that asked them to make work choices. They were concerned about the purpose of the survey. People who called asked what it was for and if they had to answer the questions. Very few who responded, completed the personality section. It was long and near the end of the questionnaire.

The poor rate of return from foster parents is less easily explained. There was no direct contact with respondents on the final survey. However, during pretesting those contacted indicated interest and willingness to complete the questionnaire.

There were thirty-six returns from protective service workers. Sixty-six questionnaires had been mailed. Supervisors indicated that some people were no longer with DHR. Other workers were too busy to complete the questionnaires. This was a satisfactory rate of response and conclusions drawn from the sample results should accurately reflect the attitudes of protective service workers in Region 07.

Method of Analysis

Frequencies and percentages were used to analyze the data. Small sample sizes, samples of convenience, and poor return rates were some of the reasons for choosing a basic method of analysis. This information will be used to look at trends and to develop theories for future studies. The frequencies and percentages will allow readers to quickly identify areas of interest, because the data was handled by individual population and total population. The individual population data could also be compared to total population data.

RESULTS

Doctors

Doctors were asked their opinions about protective service worker roles based on their personal experiences with workers. The doctors were selected for the survey because they had frequent contact with protective service workers and treated abuse or neglected children who were being served by DHR.

The question asked the respondent to identify which of eight roles a protective service worker performed. The roles were ones identified in the literature review. Most respondents checked more than one role. The roles were entered as dichotomous statements with the response being a yes for a check and a no being no check. All roles received more than 50% yes responses with treator, assessor, case manager and advocate receiving 81.8% yes responses. The lowest positive response was to supervisee, a role the doctors would least likely see a protective service worker performing. There are not many doctors who have opportunity to observe workers and supervisors working together in a supervisor/supervisee roles.

TABLE 1

DOCTORS PERCEPTION OF WORKERS ROLES

Role	Yes	No
Assessor	81.8	18.2
Case manager	81.8	18.2
Treator	81.8	18.2
Advocate	81.8	18.2
Professional	72.7	27.3
Workload manager	63.6	36.4
Administrator	63.6	36.4
Supervisee	54.5	45.5

Doctors indicated that workers should have some skills listed on the questionnaires. Once again, there were varying degrees of agreement, with counseling and assessment skills having the highest percentages of agreement. Doctors did not agree that workers should have administrative and management skills. They did not see a need for oral/verbal skills as was indicated by an 81.8% "no" response.

The responses of doctors to questions about relations with children and their families were generally favorable. They also saw workers as generally doing a good job and being emotionally mature. One area where they indicated by a 50% disagree that workers could improve performance was in the provision of information on the child at the time the doctors sees him. The only other responses that elicited negative percentages were: (a) the worker has enough time to meet the needs of clients, children and foster parents, and (b) the worker generally performs under pressure.

TABLE 2

DOCTORS PERCEPTION OF SKILLS NEEDED

Skill	Yes	No
Counseling skills	83.3	16.7
Assessment skills	83.3	16.7
Oral/verbal skills	75.0	25.0
Administrative ability	25.0	75.0
Management ability	36.4	63.6
Professional image/role	66.7	33.3
Decision-making skills	66.7	33.3
Writing skills	18.2	81.8
Ability to be an advocate	50.0	50.0

Doctors disagreed 88.9% that protective service workers have enough time and disagree 50% that workers perform well under pressure. This opinion could have been formed because protective service workers generally are the ones to take injured or abused children for medical examinations. Doctors see workers many times when there is a crisis for the child or an emergency.

When doctors were asked to respond to questions about educational background and graduate degrees, the responses were somewhat disappointing to the researcher. The indicated that protective service workers should have either a social services or social work undergraduate degree but did not feel it important that either workers or supervisors have graduate degrees in social work.

Legal

Lawyers were asked their opinions about protective service workers roles based on their direct contact with workers. The lawyers were selected for the survey because they had either represented DHR or had frequently been involved in protective service cases.

The question asked that the respondent identify which of eight roles a protective service worker performed. The roles were ones that have been identified in the review of literature. Most respondents selected more than one roles, and some selected all eight. The roles were entered as dichotomous statements with yes responses being those roles checked and a no response being a blank. Four of the eight roles received more than fifty percent yes responses. These were case manager, assessor, workload manager, and

supervisor. Case manager received the highest "yes" response. This was significant to the researcher because the role with the lowest percentage of yes responses was advocate, which is the role protective service workers see as most significant for themselves. The three roles lawyers saw workers assuming most frequently were all related to assessment and management. The helping kinds of roles that workers historically see themselves in fell below the fifty percent range.

TABLE 3

LEGAL PERCEPTION OF WORKER ROLES

Role	Yes	No
Case manager	87.5	12.5
Assessor	75.0	25.0
Workload manager	68.8	31.3
Supervisee	56.3	43.8
Treator	43.8	56.3
Professional	37.5	62.5
Administrator	37.5	62.5
Advocate	37.5	62.5

When asked what skills protective services workers should have, lawyers indicated that all eight skills listed were needed. The degree of need varied from 56.3% up to 100%. They felt workers need assessment, counseling, and oral/verbal skills more than the ability to be an advocate. In fact, they saw workers as needing those three skills almost twice as much as they needed advocacy skills. They also saw as very important writing skills and the ability to portray a professional image. These skills would relate to the manner in which a protective service worker presented himself to the court and the quality of information he would provide lawyers in court actions.

The responses of lawyers were generally positive in regard to workers relationships to clients and job performance. One of the more interesting results was the total agreement with the statement that caseworkers had genuine concern for the best interests of the parents in spite of adversary position workers and attorneys are in at court hearings on occasion. Although all responses were over fifty percent in agreement, there was an interesting decrease in the percentage of positive responses to several questions that might be worthy of closer investigation. Although they think workers are competent, they sometimes think their decisions are not based on facts. The percentage of lawyers who agreed that workers make decisions based on facts was above fifty percent but was somewhat less positive than their agreement on other general statements. Since this comes from attorneys, the results did not surprise the researcher.

TABLE 4

LAWYERS PERCEPTION OF SKILLS NEEDED

Skill	Yes	No
Oral/verbal skills	100.0	0.0
Counseling skills	100.0	0.0
Assessment skills	100.0	0.0
Ability to portray professional image	93.4	6.7
Writing skills	93.8	6.3
Administrative ability	86.7	13.4
Management ability	73.3	26.7
Ability to be an advocate	56.3	43.8

Lawyers also seem to agree less with the statement that workers had a clear understanding of their job and are able to describe for others these job responsibilities. This is not surprising since lawyers don't see them primarily functioning in the same roles in which they see themselves. There was a decrease noted in the percent agreement that workers have good rapport with people in the community. The explanation may once again be the lawyer's perception because of their occasional adversary positions. The only negative results occurred when lawyers were asked if protective service workers had enough time to meet the needs of clients, children and foster parents. There was a 68.8% disagreement which substantiates results found in other populations.

When lawyers were asked to identify educational background most appropriate for protective service workers, the responses were heavily in favor of them having a degree in social sciences. Less than fifty percent thought workers needed a social work degree. They did not think workers needed graduate degrees and there was only slightly less disagreement to supervisors having graduate degrees. This makes the researcher question the degree of professionalism with which lawyers view protective services. If we were treated as expert witnesses, it would make their job more difficult.

Social Workers

Protective service workers were asked their opinions about their own roles. The protective services workers selected for the survey were those in Region 07, Texas Department of Human Resources. The survey was sent to the total population. Any valid sample would have been almost as large as the total population. More accurate data could be obtained from the total population.

There were eight roles presented to the protective service workers in the survey. The eight, in the literature, were intended to address the regular activities, tasks, etc. of protective service workers. The respondents were asked to indicate which roles their job required them to perform. The responses to the role identification were entered as dichotomous statements with yes responses being those roles checked and no responses being blanks.

All of the roles received more than fifty percent yes responses. There was a difference of twenty-six percent in the most frequent choice, advocate, and the least frequent one, administrator. The responses were in keeping with information found in the literature. Social workers in general, and protective service workers specifically, come to the job wanting to help families and children and see this as their primary role. Paperwork, regulation, standards, and documentation requirements are all management/administrative activities that consume time protective service workers would rather spend developing resources and directly meeting the needs of clients. The workers saw assessor as their next most important role. This also is an accurate assessment in the opinion of the researcher. Most decisions are based on protective service workers' assessment of situations, information providing them, behaviors of families interactions, and individuals' behaviors. Assessment must be made before plans for change can be made.

The place of the supervisee role raised a question for the researcher. Responsibility without authority for workers is an indictment against the agency system. It appears that they see themselves much more in the supervisee role than do professionals in the community. The ranking of the roles indicated to the researcher that the respondents with a mixture of what they see themselves ideally and the reality of role responsibilities. The protective service worker is hired and trained to make assessments, and from the assessments, decisions about protection of children. However, policy states that they must consult the supervisor before they investigate a priority one or document efforts to do so. This might be appropriate for a trainee, but why experienced protective service workers? The community views them as competent professionals, why doesn't their own agency?

TABLE 5

SOCIAL WORKERS PERCEPTION OF ROLES

Role	Yes	No
Advocate	92.7	8.3
Assessor	83.3	16.7
Supervisee	80.6	19.4
Professional	77.8	22.2
Workload Manager	77.8	22.2
Treator	75.0	25.0
Case Manager	75.0	25.0
Administrator	66.7	33.3

When protective service workers were asked what skills they should have to perform their roles, they believed that all eight skills were very important. The researcher based this interpretation on their ninety percent plus selection of all eight skills. There were three in the group that all workers selected. They were; ability to advocate, assessment of skills, and writing skills. It is the researcher's opinion that they accurately reflect worker

skills needed for the job. The skills identified fit with their identification of roles also. It does not coincide with skills identified by other professionals but neither did role identification.

TABLE 6

WORKER PERCEPTION OF SKILLS

Skills	Yes	No
Ability to advocate	100.0	0.0
Assessment skills	100.0	0.0
Writing skills	100.0	0.0
Decision-making skills	97.2	2.8
Counseling skills	97.2	2.8
Ability to portray professional image	94.4	5.6
Management ability	94.4	5.6

Protective service workers agreed over fifty percent of the time that they understood what their responsibilities were but the percentage of agreement was significantly less than for the responses to other questions. It suggests to the researcher that there is some doubt within the profession as well as in the community about protective service workers understanding of their job responsibilities as well as their ability to tell others what they do. Worker responses to knowledge of job responsibilities and ability to tell others was 63.9% and 42.8% respectively. Other responses were in the eighty percentile or above. This gives added importance to the work of identifying more clearly the role of case manager.

In addition to the problem of role identification, workers do no have enough time to meet the needs of children, parents and foster parents. The other five populations had the same general response to this question. This substantiates opinions that there is a need to develop a case management role, thus enabling protective service specialists to more effectively do their job. The other alternatives are to hire more staff or reduce the expectations.

Schools

The school survey was completed by teachers or principals who had frequent contact with protective service workers. This was a population sample or convenience where workers selected the names to be included in the survey.

The responses made by this group to the section on role identification were different from that of the other populations. The responses were consistent in agreement but the degree of agreement was approximately twenty to thirty percent less than responses of other groups.

They identified three roles as having more weight than the others. These were supervisee, case manager, and advocate. It would be interesting to return to this group to determine why they see workers primarily as supervisees and then case manager, advocates. Also it would be interesting to determine why they placed a 40% importance on the role of workload manager.

When school professionals responded to the section on skills identification, there was a spread in the range of agreement of approximately 20% with all eight skills being needed. School professionals all believed a professional image was important for protective service workers, with only slightly less agreement that decision-making skills were important. There was equally high agreement that skills of advocacy were important. This is not surprising as this group ranked the advocacy role high.

TABLE 7

SCHOOL PERCEPTION OF WORKER ROLES

Role	Yes	No
Supervisee	70	30
Case manager	65	35
Advocate	65	35
Assessor	60	40
Professional	60	40
Treator	55	45
Administrator	50	50
Workload manager	40	60

TABLE 8

SCHOOL PERCEPTION OF SKILLS NEEDED

Skills	Yes	No
Portray professional image	100.0	0.0
Decision-making skills	94.7	5.3
Ability to advocate	94.7	5.3
Counseling skills	89.5	10.5
Assessment skills	88.9	11.1
Writing skills	83.3	16.7
Administrative ability	83.3	16.7
Oral/verbal skills	78.9	21.1

Teachers and principals generally agreed that workers worked well with clients and were concerned about them. Most also perceived workers as doing a good job. They followed the general trend of not agreeing as strongly that workers with a year or less experience had the skills with which to do the job, and only fifty percent felt workers had enough time to do their job. This is little higher percentage of agreement than that of other populations. This was an interesting trend as they also, more than other groups, thought workers should provide directly to clients certain services.

When school personnel were asked to identify the degree they thought most appropriate to prepare someone for a protective service job, they thought social sciences or social worker were equally appropriate. Although they are from an academic oriented profession, they did not believe it necessary for protective service workers to have a graduate degree. They did respond more favorable than other groups to the need for protective service supervisors to have an MSSW.

Foster Parents

Foster parents were asked their opinion about the roles of protective service workers. These were people who were licensed as foster parents and had cared for foster children. They had regular contact with workers at least monthly. They thought workers performed all eight roles. The percentage of agreement responses was low for this group. This indicated that they were selecting less roles than some of the groups but there was a difference in the amount of agreement. This difference enabled the researcher to make inferences from the results.

Foster parents perceive workers mostly as assessors, professionals, and administrators. The least identified role was that of advocate. This may be why there is conflict between workers and foster parents. Foster parents are trained to expect to become part of a team but workers are representing authority figures to them more than members of treatment teams. The researcher also relates this to the protective service worker's own response to roles. The perception of himself as a supervisee while really wanting to be advocate could cause difficulty in his ability to work directly with children, families and foster parents.

These attitudes develop because workers many times don't have the time to attend promptly to the needs of children in the homes of foster parents. Consequently, they are not going to feel that workers are performing the roles of advocate and treator.

TABLE 9

FOSTER PARENT PERCEPTION OF WORKER ROLES

Role	Yes	No
Assessor	79.3	31.7
Professional	72.4	37.6
Administrator	60.0	40.0
Supervisee	56.7	43.3
Workload manager	53.3	46.7
Case manager	51.7	49.3
Treator	44.8	55.2
Advocate	42.9	57.1

The foster parents were much stronger in their expression of skills needed. They all agreed that workers need ability to portray a professional role model, ability to advocate, oral/verbal skills, and decision-making skills. The only mismatch in skills to roles occurred when they placed the role of advocate lower than any other one but selected the skill of advocacy as 100% important. They could be indicating that they don't see workers as advocates but believe they should be. This is an area that could be explored in later research.

TABLE 10

FOSTER PARENTS PERCEPTION OF SKILLS NEEDED

Skill	Yes	No
Decision making	100.0	0.0
Oral/verbal	100.0	0.0
Ability to advocate	100.0	0.0
Ability to portray professional role	100.0	0.0
Writing skills	96.7	3.3
Management skills	96.7	3.3
Counseling skills	96.7	3.3
Administrative ability	96.0	4.0
Assessment skills	90.0	10.0

The response of foster parents was generally positive about worker relationships and ability. The only area where there was a strong disagreement with statements on the questionnaire was the one related to time workers have to do their job. Foster parent responses were consistent with the

responses of the other groups. Foster parents don't think workers have enough time to meet the needs of children, families or foster parents. They don't think workers respond to foster parents' requests promptly. The data shows consistently the people who work with workers think they generally do a good job but don't have enough time to really do their job, and they expect them to be all things to the people they serve. This is certainly a dilemma for the workers and for the agency attempting to provide services without additional staff, money, or resources.

The data from foster parents about choice of degrees that would prepare workers for their job was not accurate and was not used in these findings. The data on their responses to the question of graduate degrees was accurate. More than seventy-five percent felt workers and supervisors could perform their jobs without graduate degrees. These responses were consistent with the other groups.

Clients

Client population was the one that failed to complete the section of the survey on role identification. Information obtained from clients came from the first section of the questionnaire only.

Their responses to the first questions were generally significantly different than for the other populations. The adversary position they are in because of being involuntary clients would account for there lack of agreement in some instances.

They did respond to the skills section which gives an indication of what they would expect from a protective service worker. Although the responses were grouped fairly close in percentage of response, it is interesting to note that management type skills rated highest. This is not surprising when it is considered that workers are seen as people in control, as authority figures, and as people who have the power to enter the client's family system uninivited. Clients' responses to the general questions about protective service workers' abilities and understanding were generally positive. There were decreases in numbers of positive responses to some questions, but none below fifty percent agreement. Clients perceive workers as competent, knowledgeable, and caring of clients. The response that did decrease in positive response was the one related to workers' concern for the children of clients. Clients perception was that workers care for the clients best interest but not as much so for the children. This would not be an unusual response if a client had a child removed and interpreted the removal as harmful to his child. This would also be the response if there were no resources available to provide specific needs of the child.

TABLE 11

CLIENTS PERCEPTION OF WORKER SKILLS

Skills	Yes	No
Administrative skills	86.7	13.3
Decision-making skills	78.3	21.7
Management skills	77.8	22.2
Ability to be an advocate	76.7	23.3
Counseling skills	73.0	27.0
Assessment skills	72.0	28.0
Oral/verbal skills	70.0	30.0
Writing skills	69.0	31.0

Clients did not follow the trend of the other populations regarding worker knowledge of his job responsibilities and ability to tell the client what he does. There was general agreement that clients see workers able to do these things.

Clients did not answer the section on educational requirement with enough consistency to give data for analysis. This section was not complete and could not be included as part of the findings.

Total Population

For comparison purposes, frequencies were run on the total population responses to the survey questionnaire.

TABLE 12

TOTAL POPULATION PERCEPTION OF WORKER ROLES

Role	Yes	No
Assessor	76.8	23.2
Case manager	67.9	32.1
Professional	67.0	33.0
Supervisee	66.4	33.6
Advocate	65.8	34.2
Workload manager	62.0	38.0
Treator	59.8	40.2
Administrator	57.5	42.5

There was not a wide range in the responses of the total population. However, the trends seen in the individual professional populations were also reflected in the total. The rankings put assessor, case manager at the top with the helping roles falling near the lower end of the grouping.

The other responses that appeared significant over all populations were those related to worker ability with a year or less experience and workers having enough time to meet needs of clients'children and foster parents. Twenty-five percent disagreed. While not large, it is twice as large as other negative responses. All populations were generally seeing people with a year or less experience as not having the skills to do the job.

The strongest negative response in the survey was toward the time workers have to do the job. Of all responses, fifty-three percent felt workers did not have adequate time to do the job. These findings agree with feedback from staff which includes what they say and explains why some leave. In trying to met adequately the needs of clients, children and foster parents, they are working many extra hours. They are struggling with management demands for accountability and documentation. There is an increasing sense of frustration and anger. These people chose a profession where they thought they could serve as advocates and help people resume useful and productive lives. Their orientation was not toward business management skills but toward direct practice. Now they are being asked to be proficient at both.

DISCUSSION

The findings of this study indicate that protective service workers do not see themselves as the community they serve sees them. All groups agreed more than fifty percent of the time that the eight roles listed in the questionnaire are part of the total protective service worker's role. It was the ranking order that differed and indicated that there was a difference of opinion. The overall rankings placed assessor as number one, case manager as number two, professional as three, and supervisee as four. These findings are consistent with Vinokur's findings in her nationwide survey that found workers spent more time dealing with emergencies, doing paperwork, and traveling. They would rather have spent the time working with children, reading to improve their skills and developing resources to meet the needs of clients (as quoted in Vinokur, 1981).

The findings indicate that the community already sees protective service workers functioning as case managers. However, protective service workers themselves don't see their primary role as that of case manager as often as an advocate. The present expectations of the community, the agency, and the worker himself are that protective service workers perform all eight roles, though they don't necessarily agree as to which is the most important.

The findings indicated that all populations felt workers needed all eight categories of skills listed in the questionnaire. However, their definition of importance based on percentage of agreement varied as much as their definition of roles. It appeared that skills as they related to roles determines where they fell in importance. This section confirmed again for the researcher that people expect workers to be proficient at all skills.

The findings indicate that most people considered social sciences or social work degrees equally appropriate for protective service staff. They did not, as a rule, see graduate degrees necessary for competent performance. Neither did they see supervisors as needing graduate degrees much more frequently. This attitude represents a concern for community attitudes about the level of professionalism at which protective service workers perform. It also indicates that people generally are still uninformed about the purpose of degrees in social work and don't really know what benefits or skills they provide to enhance the social worker's ability to serve clients.

Clearly, though people think workers generally do a good job, there is some disagreement about the job itself. The findings confirm the existance of confusion over roles, the high expectations of all populations, and the need to serve greater number of clients without increases in funding. The literature presents broad, general solutions. It remains for someone to clearly identify the role of case manager in terms of relieving overload, moving clients through the system more quickly and allowing present staff to have time to meet the needs of families, clients, and foster parents.

SUMMARY AND CONCLUSIONS

Clearly, case management is seen as an important component in the protective service delivery system by community professionals and researchers. It is a role that could increase efficient delivery of services.

Based on review of the literature, Texas Department of Human Resources has in place at various levels most of the components of a management focused framework for service delivery. The pieces are there. What remains is for these to be pulled together into a uniform, useful system that would be recognized and followed statewide. An area that needs to be directly linked to the adequate functioning of the model is identification of resources or the lack of resources. Role definitions within individual counties could only be clarified if workers knew the tasks they must perform to insure adequate service delivery.

With PIP, SSHB, Licensing Standards in place, DHR has a goal-setting, time limited approach to case evaluation, planning, and action. Training supervisors in utilization of the systems is an area that must be addressed. The literature reveals that, nationwide, supervisors received little initial or ongoing training in organization, administration or supervision. This appears a critical missing link. The role of the supervisor was clearly defined in the literature but in practice it appears that supervisors bring to the position only casework skills, and have little preparation for supervision. There are limited opportunities for ongoing training to enhance their abilities to supervise.

Clarity of role definition would help in recognizing limits of service availability. This would impact standards, expectations, and ultimately who does what when. A question immediately raised was: do people with a bachelors degree in elementary education, sociology, English, etc. and no previous social work experience really have the knowledge and skills level to be qualified as a protective service specialist I or II? Should they be placed in the position of performing the same duties as an experienced protective worker?

Locating and using alternative services would evolve as part of the role definition. The process of developing job descriptions for workers could be utilized in developing role and task statements for other persons who could provide services to abusing and neglectful families and their children. Once again, literature emphasizes the need to clarify and standardize across the program for uniformity and consistency of administration.

The process of assuring community involvement and service access could be accomplished by building into the case management model a group of volunteers performing certain identified tasks. If the community members were knowledgeable of processes within the system because of their more active

roles, they would be more supportive and more likely to assist in the creation of additional resources. How community members serve as volunteers could create a positive interest and influence in the community as a whole.

Assuring case responsibility and related assignments has not been addressed at length in the literature. It was pointed out that there was danger in removing responsibility for the case from the caseworker. This was related to the job of case manager and the assumption that one individual would be responsible for the record while others performed the tasks related to the needs of the clients. There was concern that no one would claim responsibility under this plan.

The final component of any case management model was organizing work and responsibility for intake treatment and case handling. In the area of supervisory responsibility, the management of these components must take priority. Literature reveals that most supervisors don't have the training to prepare them for these roles. Once this kind of preparation and training was a part of the system, whatever role case management was assigned would cause change in and enhancement of the efficient delivery of services to clients.

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APPENDIX C

Proposed Model
for Case Management

PROPOSAL FOR IMPLEMENTATION OF CASE

MANAGEMENT MODEL

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Introduction
Proposal for Implementation of Case Management Model

Research indicates the need for more emphasis on organization and management in protective services delivery of services to clients. It also points out that social services staff involved in providing these services come from various educational backgrounds and function at different skills levels. How to best utilize the staff available to provide these services effectively and efficiently is one issue identified. Another issue is which lesser skills level staff could perform some of these tasks, thus freeing the caseworker to assess, plan, and assist the clients to become independent and capable of functioning outside the human services delivery system.

The following model evolved after a year of reviewing existing literature, roles and responsibilities, expectations of the community, expectations and policies of State Office, and work done in other states.

Three roles of workers were defined. They were:

- Case manager
- Case worker
- Case specialist

Case Manager

The Case Manager would be responsible for the following groups of tasks:

- Forms
- Service control
- Mandated recording
- Mandated reporting
- Compiling/maintaining case record
- Notification
- Tracking
- Scheduling
- Resource development/outreach
- Interface with staff/providers (no clients)
- Coordinate volunteer assignments

The case manager would be the "paper pusher" of the team. He would be responsible for the physical record and for having the information contained in the record available to the other team members, supervisor and program director. He would answer directly to the supervisor but would work as a team member with other worker staff. He would coordinate activities for volunteer staff. The case manager would become involved in the case and assume responsibility for the record at the point the supervisor decided a referral should be investigated.

Case Worker

The Case Worker would be responsible for the following groups of tasks:

- Decision making: ability to evaluate nature and seriousness of threat to a child and to take appropriate action.
- Gatherer of information: Skill in interviewing and gathering relevant facts.
- Development of plan with family/child
- Provide information gathered through client contact to case manager
- Resource development
- Assess/evaluate/make referrals for intervention
- Update/evaluate case plans
- Sharing of information
- Model behaviors for clients

The caseworker would come to the job with a bachelor's degree, with or without protective services experience, a desire to provide direct services to involuntary clients, potential for assessing, evaluating, and working with involuntary clients, and an ability to gather and translate information. The case worker would provide promptly information gathered to the case manager for inclusion in the case record. He would be able to meet deadlines and work within time frames as set out in the Child Protective Services Handbook.

Case Specialist

The Case Specialist would provide the following services:

- Crisis intervention: advises and counsels parents and children during stressful situations to resolve problems and maintain the family unit.
- Documentation
- Provides a higher level of assessment/evaluation: determination of appropriate actions necessary to resolve family emotional and/or physical stress situations which cause child abuse and neglect. Identification of temporary and long-term corrective actions.
- Provides consultation to caseworker and case manager: consult with and/or provide guidance to workers and supervisors in order to efficiently utilize resources and resolve difficult and complex problems.

The specialist would have either several years of experience in direct practice and a solid foundation of crisis intervention, assessment, evaluation, or an MSSW with 2 years direct practice or clinical experience. He would answer directly to the supervisor and would receive his assignments from the supervisor. His responsibilities would lie in crisis management/consultation rather than in being responsible for a caseload. His role would be similar to that of a provider in that he would be brought in to treat a specific problem or to consult with caseworker staff rather than being the primary worker for a group of cases.

Pre-Implementation Procedures

Piloting a project serves two purposes. It gives an agency an opportunity to test an idea or concept in a setting that allows for change or modification, if certain parts of the concept prove ineffective, prior to large scale implementation. More important, perhaps, it allows the group to evaluate accurately what changes can be expected when the concept is implemented and how much benefit will be derived by the organization as a whole. This information can then be weighed against the cost factor, also accurately identified in the course of the pilot, to determine cost effectiveness. Based on accurate data compiled during the project, decisions can then be made regarding implementation.

The goals of the project in case management have been determined as follows:

- Reduction of time workers are required to spend in non-client related tasks
- Providing increased numbers of clients with services with little or no increases in cost
- Emancipation of clients from the human services systems more quickly
- Decreasing the numbers of removals by increased in-home services and/or prevention services.

Objectives

Objective I:

Job descriptions/roles/tasks would be compiled and audited where there was to be a change in duties. Those positions targeted for audit would be the Case Specialist, Case Manager.

Flow charts are attached indicating team composition and interaction and line of responsibility for staff comprising the team. A flow chart noting client/case progress through the protective service system notes which team members would interact with the client at each step.

The tasks performed by each staff person would be identified in detail - taken from the list of identified, unduplicated tasks. This objective would be achieved prior to job audits. Time frames from Service Control Standards and Certification Standards would be linked to tasks and workers assigned responsibility for those tasks.

Objective 2:

Review of the audit results would give a cost for each of the new positions to be used in the model unit. Decisions would be made at this time regarding:

- Selection of units in which to pilot the model
- Numbers of case managers needed to implement project in units chosen to pilot the model

- Reassignment of existing staff to fill or need to hire additional staff.

It would be important to involve all supervisors in the region as early as possible, keeping in mind that they might initially be suspicious of,or doubtful of, the project. To give them an opportunity to have input into the selection of the pilot sites would also dilute feelings of turfism or rejection over not being one of those selected as a pilot site.

Continued involvement through written progress reports and verbal presentations at staff meetings would assist in helping them reach the position of "Positive Ownership" of the concept.

Objective 3:

A detailed work plan would be developed defining how the project would be implemented.

The plan would specify:

- How many units would be involved
- How many people would comprise each unit
- The budget for each unit
- How the project would be evaluated and by whom
- What system of documentation would be used/how it would be designed/within what time frames
- Pre-implementation steps and how, and by whom, they would be achieved
- Methodology for evaluation of project.

The project director would, with assistance from ORDE, select variables related to each of the goals that could be measured. A method of measurement would be devised and set in place as part of the implementation process.

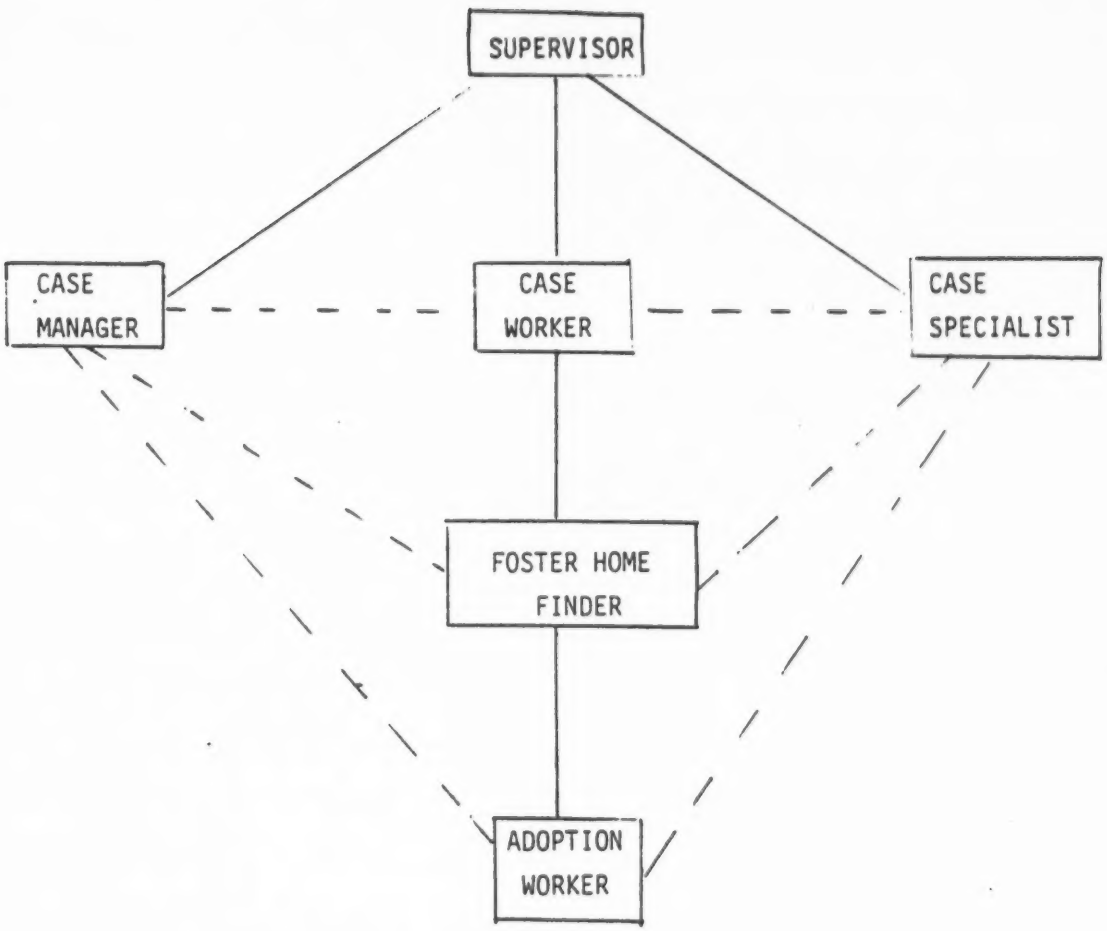
The methods to be considered would be pre-test - post-test of the units identified, control group - experimental group (either of individuals, counties or units) or single subject design to be used randomly by staff involved in the project.

Reviewing changes in statistics of the individual units could be looked at but the lack of controls, the lack of past history, or documentation of the variables would only enable the reviewers to make assumptions or at best predict trends. The project results would be considered more valuable if there was documentation of the outcome and validation of the theories.

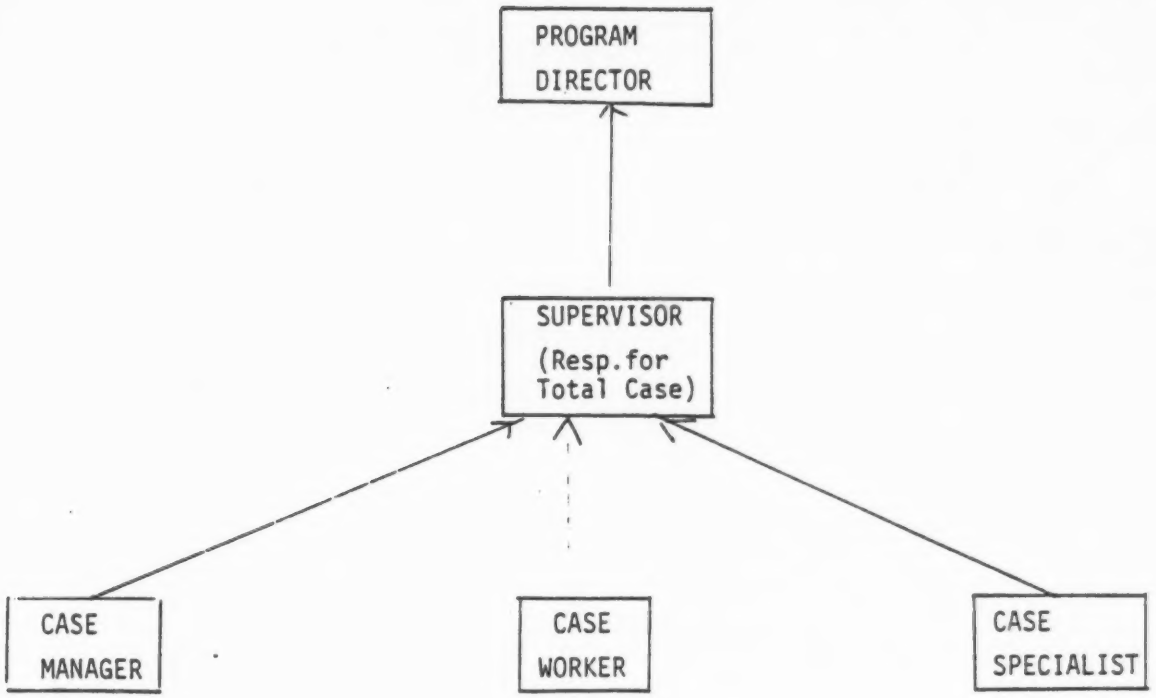
Objective 4:

There would be provision of adequate training for staff prior to and during the implementation of the project to enhance the benefit to clients. Regional protective training staff would be asked to consult with and/or develop a training module for those people who would participate in the model units. Those pieces of the Advanced Job Skills Training project directed out of State Office would be recommended for presentation to staff throughout the course of the pilot to ensure optimum services to clients.

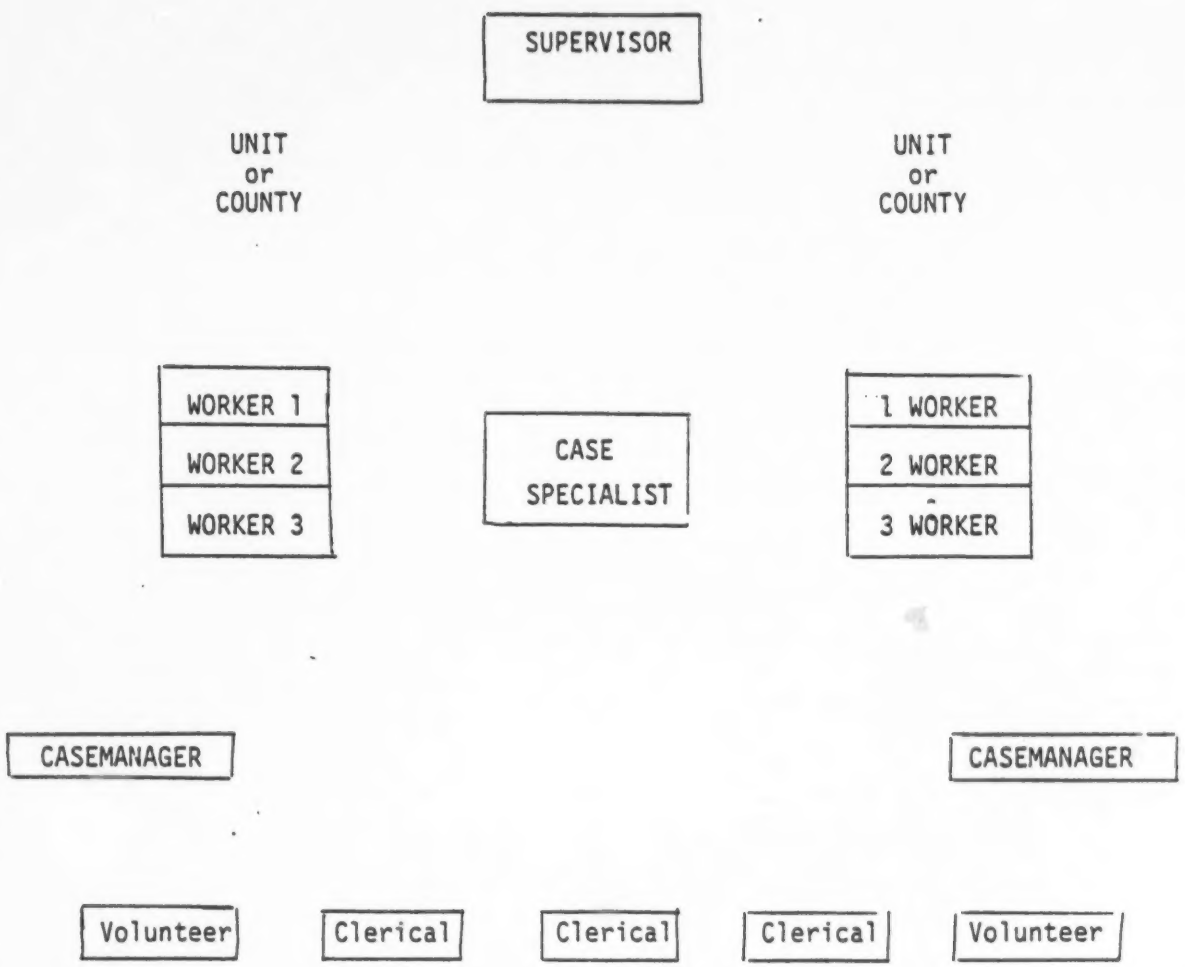
T E A M


SUPERVISOR
CASE MANAGER
CASE WORKER
CASE SPECIALIST
FOSTER HOME FINDER
ADOPTION WORKER

LINES OF RESPONSIBILITIES

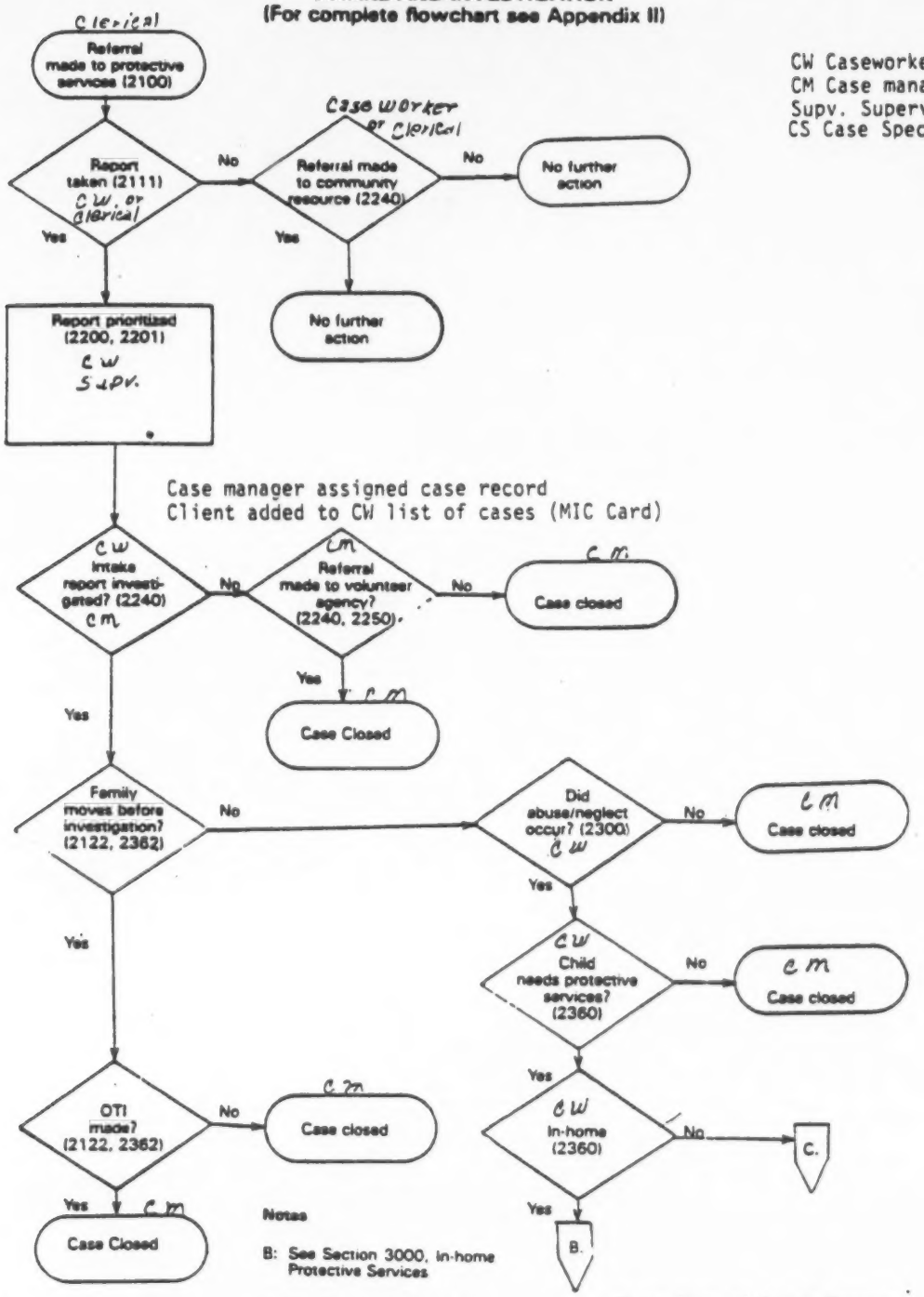


MODEL UNIT


SUPERVISOR
UNIT or COUNTY
UNIT or COUNTY
WORKER 1
WORKER 2
WORKER 3
CASE SPECIALIST
1 WORKER
2 WORKER
3 WORKER
CASEMANAGER
CASEMANAGER
Volunteer
Clerical
Clerical
Clerical
Volunteer

PART A
INTAKE AND INVESTIGATION
(For complete flowchart see Appendix II)

CW Caseworker
CM Case manager
Supv. Supervisor
CS Case Specialist



Notes

B: See Section 3000, In-home Protective Services

C: See Section 6000, Substitute Care Placement Services

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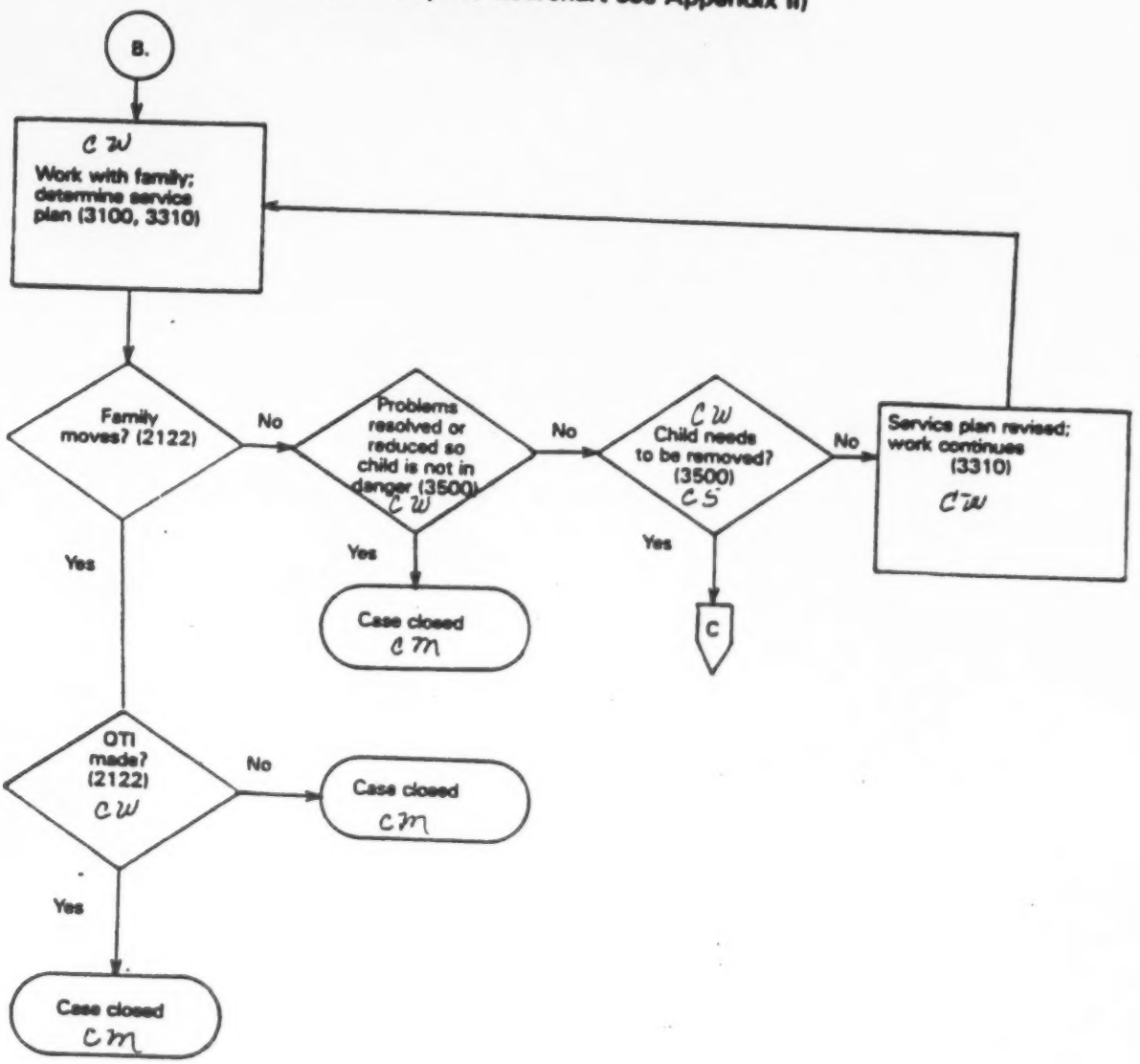
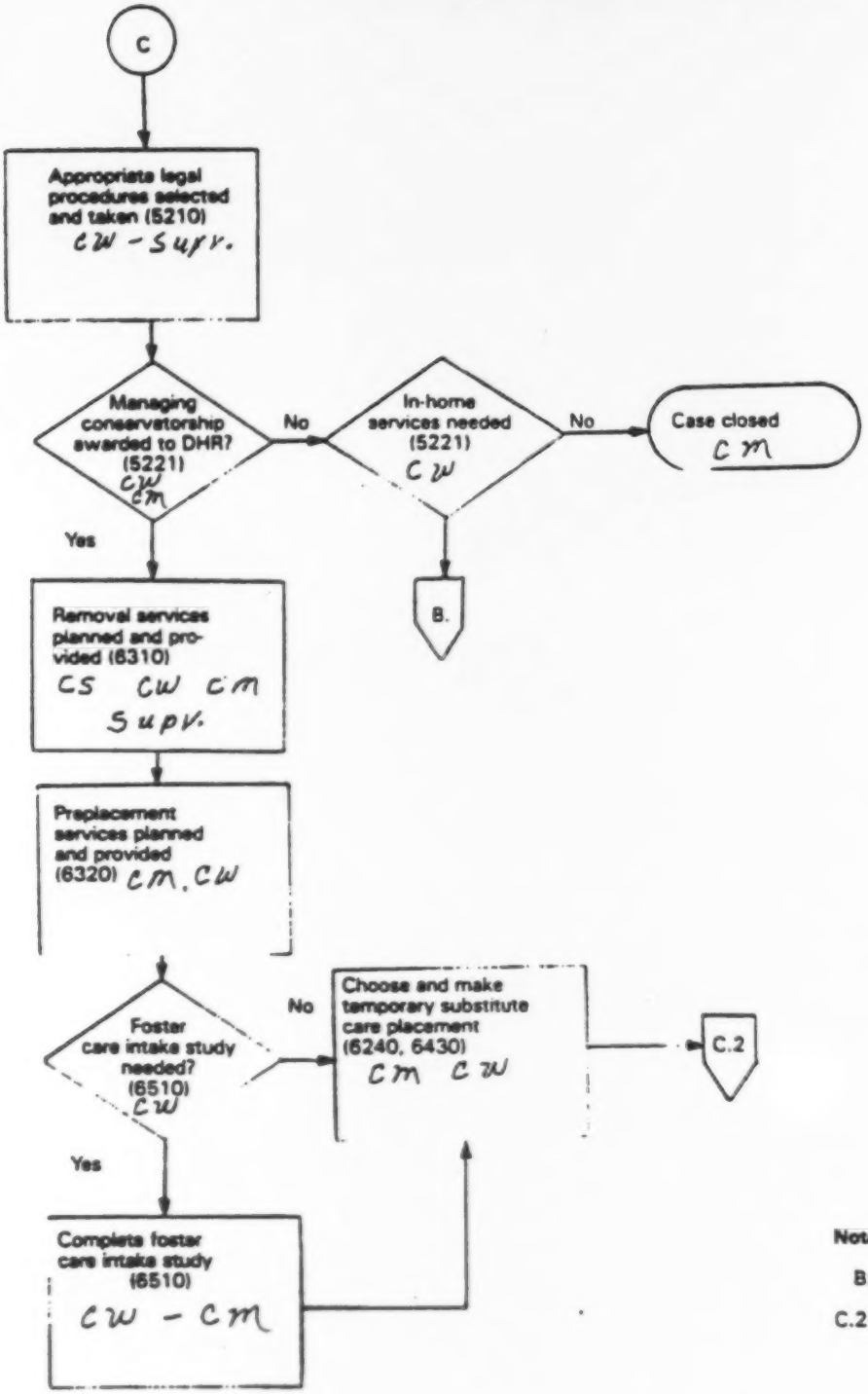
PART B
IN-HOME PROTECTIVE SERVICES
(For complete flowchart see Appendix II)



Notes

C: See Section 6000, Substitute Care Placement Services

PART C
SUBSTITUTE CARE PLACEMENT SERVICES
(For complete flowchart see Appendix II)



Notes

B: See Section 3000, In-home Protective Services
C.2: See next page.

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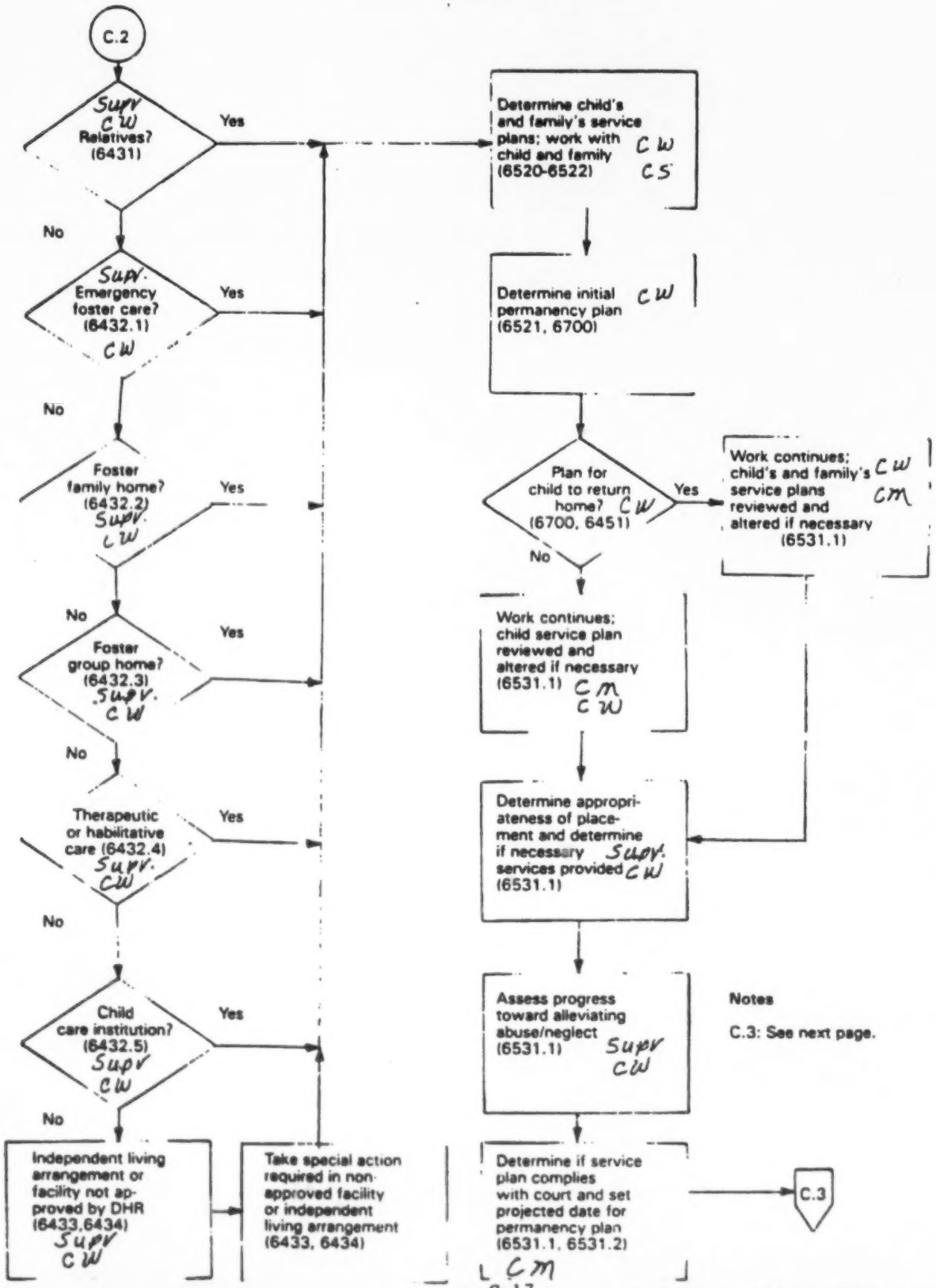
(C.2) Substitute Care (Continued)


C.2
Supv CW Relatives? (6431)
Yes
No
Supv. Emergency foster care? (6432.1) CW
Yes
No
Foster family home? (6432.2) Supv. CW
Yes
No
Foster group home? (6432.3) Supv. CW
Yes
No
Therapeutic or habilitative care (6432.4) Supv. CW
Yes
No
Child care institution? (6432.5) Supv CW
Yes
No
Independent living arrangement or facility not approved by DHR (6433,6434) Supv CW
Take special action required in non-approved facility or independent living arrangement (6433, 6434)
Determine child's and family's service plans; work with child and family (6520-6522) CW CS
Determine initial permanency plan (6521, 6700) CW
Plan for child to return home? CW (6700, 6451)
Yes
No
Work continues; child's and family's service plans reviewed and altered if necessary (6531.1) CW CM
Work continues; child service plan reviewed and altered if necessary (6531.1) CM CW
Determine appropriateness of placement and determine if necessary services provided (6531.1) Supv. CW
Assess progress toward alleviating abuse/neglect (6531.1) Supv CW
Determine if service plan complies with court and set projected date for permanency plan (6531.1, 6531.2) CM
C.3
Notes
C.3: See next page.

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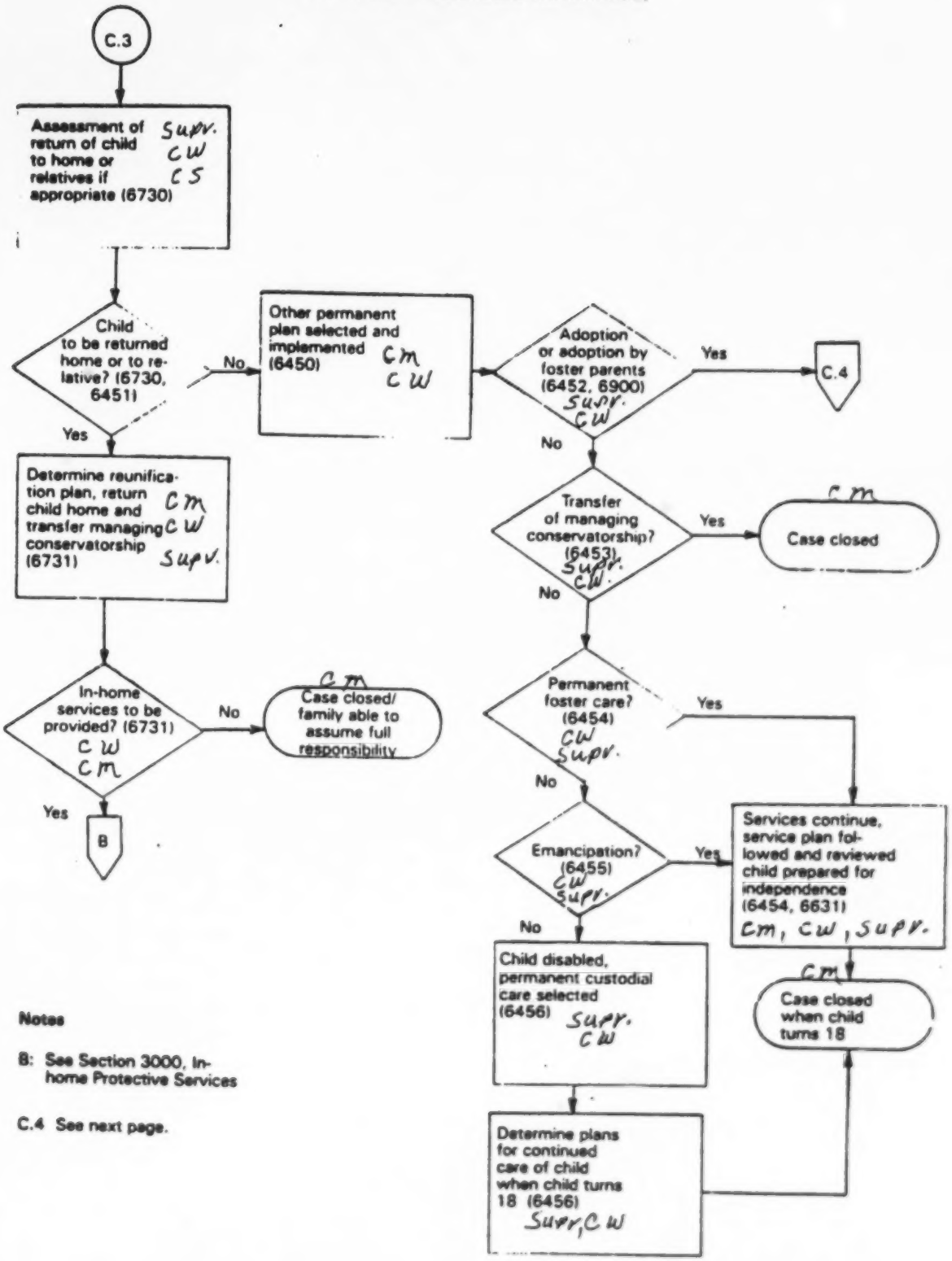
(C.3) Substitute Care (Continued)



Notes

B: See Section 3000, In-home Protective Services

C.4 See next page.

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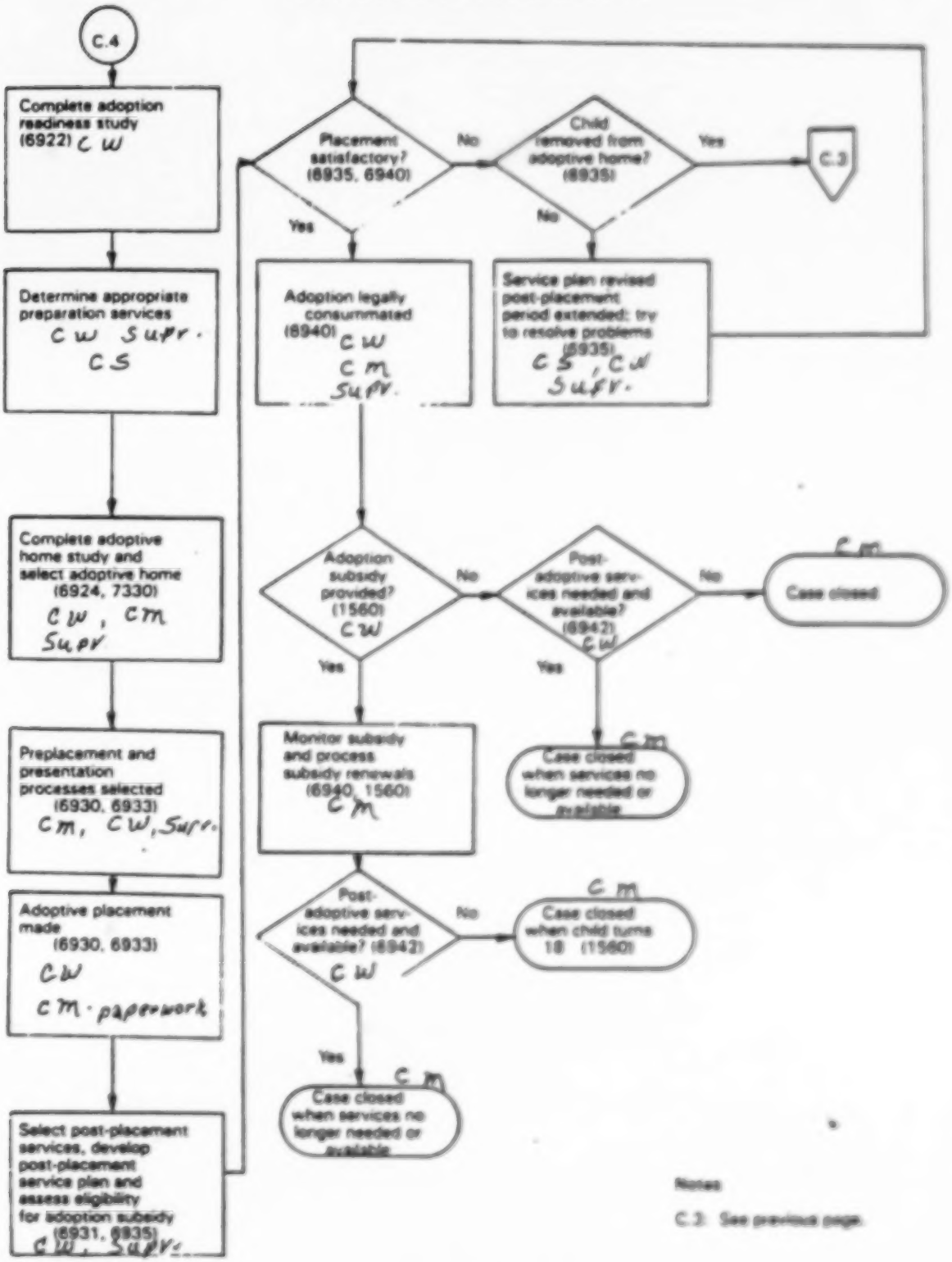
(C.4) Substitute Care (Continued)


C.4
Complete adoption readiness study (6922) C W
Determine appropriate preparation services C W Supv. C S
Complete adoptive home study and select adoptive home (6924, 7330) C W, C M Supv
Preplacement and presentation processes selected (6930, 6933) C M, C W, Supv.
Adoptive placement made (6930, 6933) C W C M · paperwork
Select post-placement services, develop post-placement service plan and assess eligibility for adoption subsidy (6931, 6935) C W, Supv.
Placement satisfactory? (6935, 6940)
No
Child removed from adoptive home? (6935)
Yes
C.3
No
Yes
Adoption legally consummated (6940) C W C M Supv.
Service plan revised post-placement period extended; try to resolve problems (6935) C S, C W Supv.
Adoption subsidy provided? (1560) C W
No
Post-adoptive services needed and available? (6942) C W
No
C M
Case closed
Yes
Yes
Monitor subsidy and process subsidy renewals (6940, 1560) C M
C M
Case closed when services no longer needed or available
Post-adoptive services needed and available? (6942) C W
No
C M
Case closed when child turns 18 (1560)
Yes
C M
Case closed when services no longer needed or available

Notes

C.3. See previous page.

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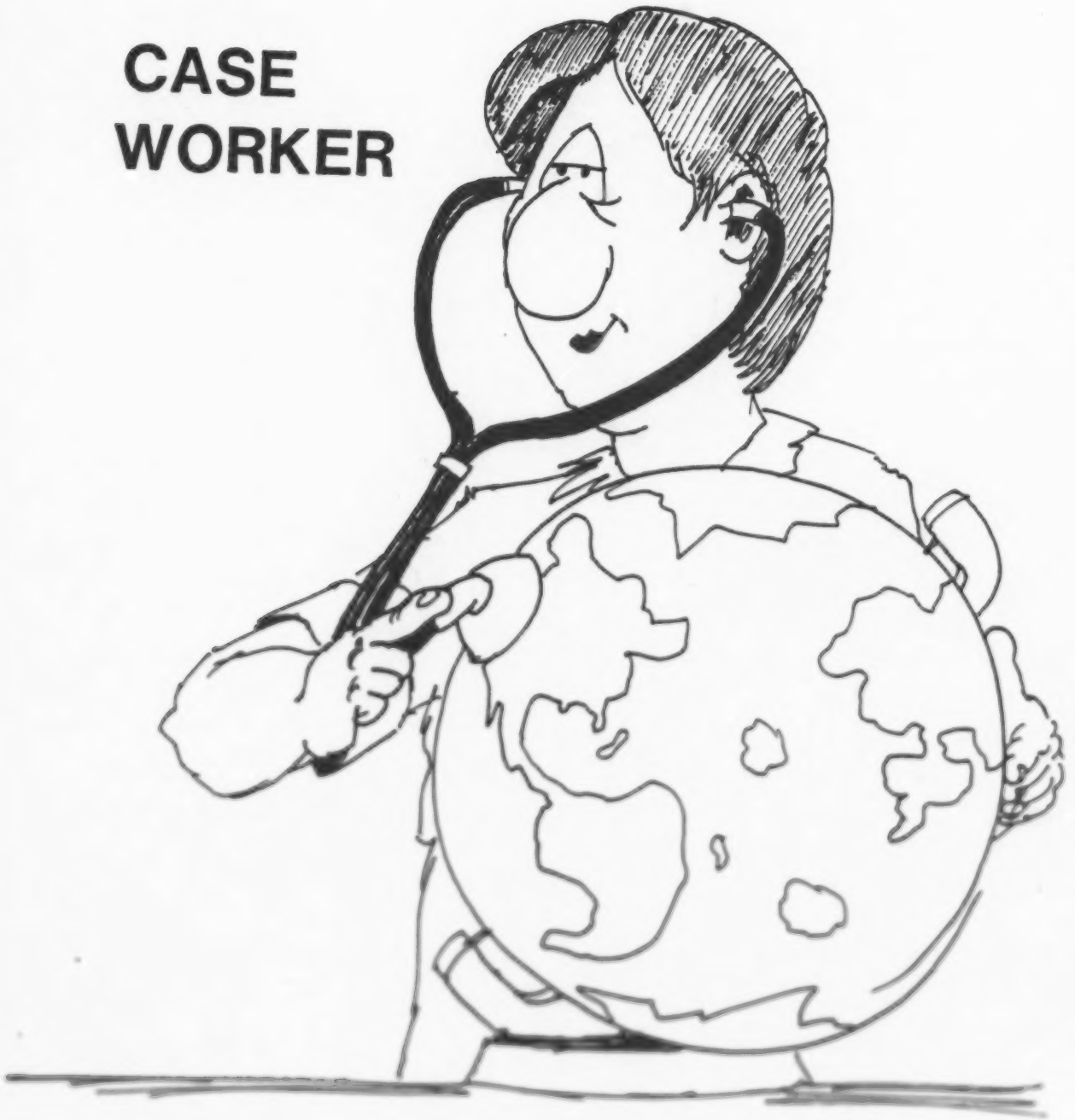
APPENDIX D

Overhead Transparencies Illustrating
Worker's Multiple Roles



TECHNICIAN

MANAGER OF FACTS & DETAILS

REALISTIC ADAPTER

CASE MANAGER

CASE SPECIALIST

VOLUNTEER